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ARTICLE 1.

CANCER OF MAMMA—OPERATION FOR.

BY T. WILKINS, M. D., VANDALIA, ILL.

On the 16th day of February, 1860, I was consulted in relation to a tumor of the left mamma. The individual, (a female) is 23 years of age, well formed, and intelligent; hair and eyes black, and the temperament appearing to consist of the bilious, nervous, sanguine, and lymphatic, one predominating over another in the order named. She has never conceived, and her menstrual periods for some months back have been irregular, both in the time of their appearance and in quantity. She has never had but little sickness of any kind, and no hereditary predisposition to scirrus could be traced.

In the left mamma the tumor had been discovered by her only about two or three months previous to examination. I found it to be of an oval form, about two inches in its short, and three inches in its long diameter. It moved freely, was rough and indurated, but there was no discoloration of the integument. The integument generally was of a healthy

color. Her general health appeared to be moderately good, but finding most of the symptoms well marked, I did not hesitate to pronounce the disease scirrus.

Treatment.—This was both external and internal. The external consisted of ground slippery-elm poultices, camphor dissolved in olive oil, camphoreted mercurial ointment, tinct. of iodine, iodine ointment, a solution of gold, &c., &c. An ointment made of spruce pine was suggested by the patient and her husband, and, as I had no objections, it was used also. This appeared to allay pain to a considerable extent, and for that purpose, at least, might be tried again.

The principal remedies used internally were mild cathartics, alterants, tonics, and sedatives; some of which were iodine, iodide of potassa, hyd. cum. creta, pulv. doveri, opium, hyoscyamus, quinine, tinct. cinchonia, and occasionally diffusible stimulants. The corrosive chloride of mercury was used in alterative doses, till its constitutional effect was perceived. This appeared to hold the growth of the tumor in check more than any remedy I used, and is worthy, I think, of some farther trial. I used also some of the preparations of iron, particularly the lactate (which was recommended by Prof. Brainard,) and, although to it I attribute the *cure* of one case of cancer in which I used this article some years since, in *this* case it appeared to do but little, if any good; the article I used, however, I did not consider good.

In the case alluded to above, of cure, I might possibly have been mistaken as to the nature of the disease. But to digress a little—let me say that there is not half the attention paid to the treatment of scirrus which should be, for the reason that most of the writers and teachers pronounce it incurable. As long as this is the case there will be no improvement made in the treatment of this formidable disease. Ague was once thought to be incurable.

To return: The tumor on the whole continued gradually to increase. Lancinating and pungent pains were often felt, which would occasionally shoot up into the axilla, and one of the axillary glands became involved. The mammary tumor grew in every direction, till nearly the whole gland was

involved, and it was close to the integument but was not quite adherent to it.

I advised extirpation with the knife from the beginning of the treatment, but it was some time before I could get the consent of my patient. After this was obtained I lost but little time, and on the 14th of April the operation was performed. An incision was extended into the axilla and the indurated axillary gland removed. But little blood was lost, and no pain experienced, the patient having been placed completely under the influence of chloroform. Considerable emesis occurred the evening and night following the operation, which was relieved by opium, brandy, and mustard to the epigastric region. It was caused, I think, by the chloroform. The shock to the system was inconsiderable.

April 16th—I visited the patient, opened and dressed the wound. Considerable suppuration had occurred, but this diminished gradually at nearly every dressing. For some time it was dressed every other day, and it healed rapidly. Two or three suspicious looking spots were well cauterized with caustic potassa, and the wound was kept from healing so rapidly by the occasional use of this article. A little while after its application it was neutralized with diluted acetic acid. The granulations, a part of the time during the treatment, were unhealthy, which condition, however, was corrected by the use of lunar caustic. During the after treatment such articles were used as appeared to be indicated, more especially tonics, stimulants, and alterants. She is now, and has been for more than a week, using sarsaparilla and iodide of potassa.

Yesterday (May 23d) I saw her. She prsents the appearance of general good health, the wound is consolidated, filled with granulations, and nearly healed up. It healed first in the axilla. Perhaps it would not be uninteresting to state that the second time of the appearances of the menses occurred a little over four weeks after the operation. The first time immediately (within a day or two) after the operation, the second just four weeks after the first.

During the whole time the diet has been nutritious, most of the time the appetite has been good, exercise has been

allowed according to ability, both in and out of doors. Yesterday she came to town, the distance being about eight miles, and the case at this time promises to be successful.

The idea of keeping the wound from healing immediately after the extirpation of a cancer is not original with me, but I think it may have a tendency to insure the cure.

July 26th, 1860—The wound has been healed up for several weeks, and the individual looks hearty and robust.

ARTICLE 2.

SYMPATHETIC OPHTHALMITIS, AND CERTAIN FORMS OF CHRONIC IRITIS.

BY E. L. HOLMES, M. D., CHICAGO.

Much has been said and written regarding the ignorance of the profession in the Theory and Practice of Ophthalmic Medicine. That criticisms of this kind are just, may be inferred not only from the character of the authors who have alluded to the subject, but also from the acknowledgments of many individual members of the profession, and from the fact that the members of medical societies seldom take interest in discussions upon affections of the eye.

It is difficult to account for the general neglect of diseases so important, since there is scarcely any organ of sense, upon the health of which every one is so dependent as upon that of the eye, and there are few affections which require more care and judgment in their treatment than those of this delicate organ.

Diseases of the eye, especially of an inflammatory character, are very common in the Northwest, which is certainly a good reason why every physician engaged in country prac-

tice, should be able to treat them with skill. It has been said, and probably with truth, that it is more important for a physician in the country than for one in the city to understand the principles of surgery. We believe it still more important for him to possess an extensive knowledge of diseases of the eye and their treatment, since there are undoubtedly more cases in most of our communities in ophthalmic than in surgical practice, which require immediate and skillful treatment. We are confident that patients with diseases of the eye are in more danger of receiving injury from the treatment of uneducated practitioners than those suffering from injuries or surgical diseases. We believe more patients are rendered miserable and helpless by ignorance in treating diseases of the eye than in treating surgical cases.

This whole subject is one of great importance and worthy the serious consideration of every thoughtful physician. It is not our purpose, however, to dwell upon it at this time. We have alluded to it because the above remarks are, perhaps, especially applicable in reference to two classes of ophthalmic diseases, to which we desire to call the attention of those members of the profession who take comparatively little interest in ophthalmology. These classes of disease have of late been investigated with much care by eminent oculists, and facts have been established in regard to them, of which every practitioner should be well informed, since he may be thus able, in a few instances, perhaps, to prevent total loss of vision—a calamity which almost invariably renders the unfortunate sufferer dependent upon friends or the public.

The two classes of diseases to which we allude are, "Sympathetic inflammation of one eye, produced by certain injuries and inflammations of the other eye," and "Chronic iritis, especially that form of it accompanied by adhesions between the iris and lens."

1. *Sympathetic Ophthalmitis.*

During the past couple of years I have examined three cases in which, a few weeks after intra-ocular inflammation

from injury had existed in one eye, the other was attacked with chronic inflammation of a similar nature, which had terminated, in spite of all treatment, with total loss of vision. At a late meeting of the Esculapian Society, held at Paris, Edgar county, I had an opportunity of listening to a verbal report of two such cases, which had fallen under the observation of Dr. S. York, some time after both eyes were seriously affected. Undoubtedly every experienced physician has either treated or observed patients who have become blind in consequence of an injury of one eye. It is unnecessary to report numerous cases, or to give a minute description of symptoms and course of the disease, since all this can be found in the works of Makenzie and other well known authors. To impress our readers, however, with an idea of the serious character of this disease, the following passages from Mackenzie may be quoted:

"Whenever I see sympathetic ophthalmitis, even in its first stage, I know that I have to contend with an affection, which, however slight its present symptoms may be, is one of the most dangerous inflammations to which the organ of vision is exposed." "I have very seldom seen an eye recover from sympathetic ophthalmitis."

It is difficult to explain why this disease, which is chiefly an inflammation of the iris and choroid, should be so much more obstinate than a similar inflammation under other circumstances.

The point of practical importance in the consideration of this subject is the treatment. Of the curative treatment of this disease I shall say a few words, in speaking of the second class of cases just mentioned.

The preventive treatment which has been found most beneficial by the most distinguished oculists of the present time, consists in the partial or total extirpation of the injured eye, *before the least symptom of inflammation has appeared in the other eye.* That this treatment is eminently successful may be inferred from the favorable manner in which it is mentioned by practical oculists. Almost every number of the London Ophthalmic Hospital Reports contains a history of

several cases. We would also refer the reader to an article on the subject in the *New York Journal of Medicine*, for May, 1859, by F. J. Bunstead, M. D., Assistant Surgeon to the New York Eye Infirmary; and especially to a paper by v. Graefe, in the "Archiv fur Ophthalmologie." The operation, it must be remembered, as regards the sound eye, is preventive rather than curative.

Although the removal of the whole or a part of the eye is usually a simple operation, it is practically attended with certain difficulties. There is invariably in the mind of every patient a great horror at the thought of having an eye "cut out." A patient will often suffer long and excruciating pain, after vision in the injured eye has been irrecoverably lost, before he will submit to its removal. So long as the other eye remains unaffected he can scarcely be persuaded that it is in danger.

Another difficulty is found in the fact that many cases of mechanical injury of an eye, finally recover after months of painful inflammation, without unpleasant symptoms in the sound eye, and that it is, in fact, impossible to foretell in what cases the sympathetic inflammation will or will not make its appearance. This doubt, expressed by a surgeon, however intelligent, will often induce the patient to defer an operation so repugnant to his feelings.

In the paper of Graefe, to which I have alluded, three classes of cases are mentioned, as being especially liable to this form of disease.

1st. When a foreign body or a dislocated and enlarged lens is a source of irritation in one eye.

2d. When internal disorganization is progressing, with increase of pressure of the fluids of the eye outwards, rendering the walls of the globe more tense than natural.

3d. When, in commencing atrophy of one eye, (from chronic inflammations of iris and choroid,) there is tenderness on pressure over the region of the ciliary processes.

Even in these cases, it is true, the sound eye will sometimes escape sympathetic ophthalmitis. Still, with all this difficulty of prognosis and with the prejudices and fears of the

patient we consider it as the duty of every surgeon in these cases where vision is lost, to advise either the total or partial extirpation of the eye, before the symptoms of disease appear in the other eye.

We believe it is better to pursue this course, even in a large number of cases where the sound eye might possibly have escaped, than to run the risk, in a single instance, of losing both eyes. In the cases of sympathetic ophthalmitis which have been reported, it has been found that the average length of time which elapses after the injury, before the other eye begins to suffer, is about five weeks; but the injured eye often remains for months affected with chronic ophthalmitis, afflicting the patient with severe pain, and unfitting him for the ordinary duties of life. An early operation would spare all this suffering, since the wound usually heals in about fifteen days.

I think any one who has had much experience in treating injuries of the eyes, must be fully convinced that many patients with penetrating wounds of the cornea and lens, attended with protrusion and inflammation of the iris and choroid, and with loss of vision, would escape much distress by resorting to the immediate removal of the anterior portion of the eye. Patients, however, will seldom submit to an operation till worn out with pain and loss of sleep, and threatened with loss of health.

The method of removing the eye, as now recommended by ophthalmic surgeons, is simple, and usually without danger. A circular incision is made through the conjunctiva, parallel to the cornea, and the recti muscles severed close to their sclerotical insertion, as in the operation for strabismus. The conjunctiva is then separated from the sclerotica and the optic nerve divided by a pair of blunt-pointed, curved scissors, passed behind the globe, when the eye can be readily removed from the orbit and the operation finished by cutting the oblique muscles. It is often advisable to enlarge the palpebral fissure by slitting the tissues at the external angle, especially when the eye is hypertrophied.

The operation, as thus performed, leaves the muscles and

nearly the whole conjunctiva, which usually heal in about a fortnight, and form a "stump" sufficient for an artificial eye. In many instances the excision of the cornea is sufficient. It is not, however, reliable, for the inflamed choroid and adjacent membranes may continue a source of irritation which can only be relieved by a total extirpation of the globe. Moreover the operation is not unfrequently followed by serious hemorrhage, since the inflammation has caused an enlargement of the vessels of the retina and charoid. The walls of these vessels, especially of the retina, are exceedingly delicate and often rupture "spontaneously" when the pressure of the humors within the globe is removed, as in excising the cornea. The operation for the extirpation of the eye is almost entirely free from this objection, as it is seldom attended with much loss of blood.

(To be continued.)

Miscellaneous.

MENTAL PECULIARITIES AND MENTAL DISORDERS OF CHILDHOOD.

BY DR. CHARLES WEST.

No one can have watched the sick bed of the child without being struck with the almost unvarying patience with which its illness is borne, and the extremity of peril from which, apparently in consequence of that patience, a complete recovery takes place. Much, indeed, is no doubt owing to the activity of the reparative powers in early life, but much also to the unruffled quiet of the mind. No sorrow for the past, no gloomy foreboding of the future, no remorse, disappointment, nor anxiety depresses the spirits and enfeebles the vital

powers. The prospect of death, even when its approach is realized, and this is not so rare as some may imagine, brings in general but small alarm; it may be from the vagueness of the child's ideas; it may be, as the poet says, that in his short life's history "the heaven that lies about us in our infancy" has been so much within him, that he recognizes again more clearly than we can do—

> "The glories he hath known,
> And that imperial palace whence he came."

I refer to this, gentlemen, because the truth is one which has its practical side; because to keep the sick child happy, to remove from it all avoidable causes of alarm, of suffering, of discomfort, to modify our treatment so as to escape a possible struggle with his waywardness; and even, if death seems likely to occur, to look at it from a child's point of view, not from that which our larger understanding of good and evil suggests to our own minds, are duties of the gravest kind, which weigh on the physician, on the parent, on the nurse; and which it behooves to remember none the less, because they are not dwelt on in the lecture room, or in the medical treatise.

But not only does the child live in the present far more exclusively than is possible for the adult, but there are, besides, other important points of mental difference between the two which have a serious influence on the manifestations of disease, and also on our treatment of it. The mind of the child is not merely feebler in all respects than that of the adult, but in proportion to the feebleness of his reasoning powers, there is an exaggerated activity of his perceptive faculties, a vividness of his imagination. The child lives at first in the external world, as if it were a part of himself, or he a part of it, and the glad-heartedness which it rejoices us to see is as much a consequence of the vividness with which he realizes the things around him, as of the absence of care to which it is often attributed. This peculiarity shows itself in the dreams of childhood, which exceed in the distinctness of their images those which come in later life, and shows itself, too, in the frequency with which, even when awake, the active organs perceive unreal sounds, or conjure up at night ocular spectra; and these not merely colors but distinct shapes, which pass in long procession before the eyes. This power fades away with advancing life, until, except under some condition of disease, the occasional appearance of luminous objects in the dark, remains the only relic of this gift of seeing visions, with which, in some slight degree, at least, most of us were endowed

in our early years. The child who dreads to be alone, and asserts that he hears sounds or perceives objects, is not expressing merely a vague apprehension of some unknown danger, but often tells a literal truth. The sounds have been heard. In the stillness of its nursery the little one has listened to what seemed a voice calling it; or, in the dark, phantasms have risen before its eyes, and the agony of terror with which it calls for a light, or begs for mother's presence, betrays an impression far too real to be explained away, or to be suitably met by hard words or unkind treatment.

Impressions such as these are common in childhood even during health. Disorder, direct or indirect, of the cerebral functions, more commonly the latter, greatly exaggerates them. The minor degrees of somnambulism, such as getting out of bed while asleep, are by no means uncommon in childhood, and even more frequent are those attacks of night-terrors, in which, after a short doze, the child awakes in a state of intense alarm, with the distinct vision before it of some frightful object, which does not disappear for some minutes, and which returns sometimes the same night, sometimes the succeeding one, with just the same appearance as before.

It follows, then, that the circumstances which surround a child whether in sickness or in health, are of far more importance than are those about the adult; and that their influence for good or for harm, is far more powerful, and is never to be lost sight of in the treatment of the diseases of early life.

But while the child lives thus in the present, and while this present is but the reflection of the world around, its impressions uncontrolled by experience, ungoverned by reason, the moral qualities are not in the same undeveloped state as the intellectual powers. The child loves intensely, or dislikes strongly; craves most earnestly for sympathy, clings most tenaciously to the stronger, better, higher, around it, or to what it fancies so; or shrinks in often causeless, but uncon querable dread, from things or persons that have made on it an unpleasant impression. Reason as yet does not govern its caprices, nor the more intelligent selfishness of later years hinder their manifestation. The waywardness of the most willful child is determined by some cause near at hand; and he who loves children and can read their thoughts, will not, in general, be long in discovering their motives and seeing through their conduct.

One word more I have to say with reference to that intense craving for sympathy so characterestic of the child. It is this

which often underlies the disposition to exaggerate its ailments, or even to feign such as do not exist, and in which attempts at deception it often persists with almost incredible resolution. Over and over again I have met with instances, both in private and hospital practice, where the motives for such deception were neither the increase of comfort nor the gratification of mere indolence, but the monopolizing the love and sympathy which, during some by-gone illness, had been extended to it, and which it could not bear to share again with its brothers and sisters. This feeling, too, sometimes becomes quite uncontrollable, and then the child needs as much care and as judicious management, both bodily and mental, to bring it back to health, as would be called for in the case of some adult hypochondriac or monomaniac.

These mental peculiarities of early life may seem at first to have little to do with the cure of disease; but in reality you will find that this is not so; but that in proportion as you make them your study, and as you become able, in consequence, to sympathise more completely with your patient, will your diagnosis, in many instances, be more accurate, and your treatment more successful.

This brief sketch must suffice for the first part of my subject, and will, I trust, have prepared you for the better examination of the second, namely, the influence of disease upon the mind in early life. This shows itself either in weakening of the perceptive powers or in altering and perverting the moral faculties. Of these, sometimes the one, sometimes the other, is the more obvious, though it is very rarely that either exists absolutely alone.

As in diseases of the body, so in the affections of the mind, in early life, the power of repair furnishes us with a constant ground for hopefulness, which we should be less warranted in indulging in the case of an adult. The dullness, the apathy, the cerebral disturbance, which accompany the diseases of early childhood, have therefore by no means so grave an import as we should be compelled to attach to them, if present to the same extent at a more advanced age. The whole of the child's intellectual energy is expended on his commerce with the world around him; his relations to it are disturbed; night terrors, bad dreams, distressful phantasms, betoken this; or the ear is pained by sounds, and the eye by light,—not because the organs of sight or of hearing are specially disordered, or the brain is specially affected, but because, with the limited mental endowments of the child, such are the only ways in which their sympathetic disorder can manifest itself.

Or the disease has passed away; the active, intelligent, observant child is left dull, takes no interest in what goes on around him, forgets his prattle, seems scarcely to know the simplest word, though before he spoke fluently. This, again, need not cause too much apprehension. The child's memory is feeble; during the protracted illness, the customary impressions were no longer made upon his senses in the sick room, or they passed unnoticed in the unconsciousness of fever; so that, when recovery takes place, the lesson has to be learnt again, and learnt with faculties weakened by the by-gone ailment. For this you must be prepared, and prepared also for the very gradual process, extending sometimes over months or years, by which the ground lost is made good again: the time occupied by it being in general all the longer, in proportion as the child was younger when the original attack of illness came on. The infant of eight months old will show for months no ray of dawning intelligence; the little one just beginning to speak, will remain silent for months; while the child of four or five years will generally in a few weeks regain his forgotten lore. Simple as all this seems to be, and really is, it yet is not always borne sufficiently in mind; and these hints may enable you to save your patient's friends from much needless anxiety.

There is a caution, however, not to be lost sight of in these cases; namely, that protracted illness, even when unaccompanied by evidence of serious disorder of the brain, is sometimes succeeded by permanent impairment of the sense of hearing, and that the child's dullness may be the result of the loss of the power of receiving impressions, through one most important medium, from the external world.

A little girl, two years and nine months old, was attacked at the age of one year and nine months, by what was said to have been inflammation of the lungs, though it is uncertain whether or no a convulsion occurred at the outset. She got well without any other sign of cerebral disturbance having manifested itself. Before the illness she was beginning to talk, used to call her father, and to say many little words, but since then she had not spoken at all. The question raised was, whether the silence and some strange ways, different from the child's previous manner, were indicative of disease of the brain and of incipient idiotcy, or were merely the results of her loss of hearing. I took the child into the hospital for a time to watch her; her intelligent countenance and strangely earnest manner showed almost at once that her intellect was acute enough. A very few days' observation

confirmed this impression; the child was dumb because she had become deaf, and her speech had ceased so soon, because the progress she had made at the time when illness first overtook her was so small.

If the same accident occurs somewhat later in life, when the child has learned to speak pretty well, its nature is more likely to be misunderstood, for the child does not all at once forget to talk, but speaks imperfectly, with gradually lessening distinctness; and forgetting first some words, then others, her condition more nearly resembles one of imbecility; and unless special care be taken to test the powers of hearing, error is very likely to be committed. I confess I made this mistake myself in the case of a little girl four years and seven months old, whom I first saw a year after an attack of a somewhat ill-defined febrile character, accompanied by a comatose condition, which lasted for several days, and left her in a state of great weakness. Though she regained strength, it yet was a long time before she tried to speak again; and when she did, her articulation was very indistinct. In the course of time she seemed as strong as ever, and her intelligence appeared not deficient, but her utterance grew more and more indistinct; she became flushed, angry and excited, and made inarticulate noises when she could not obtain what she wished, and when I first saw her she had for some time ceased to talk. Her altered temper, her fits of passion, the inarticulate sounds which had taken the place of speech, suggested the idea that idiotcy was supervening on the disorder of the brain, which had formed so marked a feature of her illness. In a short time, however, careful observation ascertained that speech had ceased, because the sense of hearing first had failed; that the case was one for the deaf and dumb school, not for an idiot asylum.

The arrest of development, or the positive retrocession of the mental faculties in childhood may be regarded almost invariably as of far less serious import than any manifest perversion of the moral powers. The child who, in spite of intellectual dullness, attaches itself to those about it, and manifests the ordinary childish feelings, is not one concerning whom there is any occasion to despair, or whom judicious training will not do very much to improve. Several circumstances influence the degree of dulling of the mental powers and are to be taken into consideration in forming an estimate of the child's condition, and his capabilities of improvement. In proportion as the original illness was accompanied with convulsions or serious cerebral disturbance, will the subse-

quent impairment of the intellectual powers be profound, and their recovery slow in taking place. In proportion, too, to the early age at which such illness occurred, will its results be serious; and this not necessarily owing to the gravity of the mischief, but owing to the low state of attainment to which the child had reached when its further advance was interrupted. Thus, for instance, the apparent obscuration of intellect will be greater if it had overtaken the child before it had learnt to speak, than if it had come on later; and though not the less teachable, yet more will remain to be taught in the former case than in the latter; and a child, perfectly capable of improvement, may be passed over as utterly destitute of all capability of intellectual progress, owing to the age at which disease overtook it not being borne in mind. Lastly, it must be remembered that a very large number of children, whose intellectual progress had been arrested at an early age, are allowed to grow up for years without and culture whatever and that as much of their apparent dullness may be due to unintentional neglect as to actual disability.—*Extract from a Clinical Lecture at the London Hospital for Children.*

EFFECTS OF DISEASE ON THE TEETH.

BY ABR. ROBERTSON, D. D. S., M. D.

(Concluded.)

The general rule, then, is that medicines do not injure the teeth—the rare exceptions proving the rule that they may sometimes do so; and the just inference is, that where this may be the case, care should be used so to administer such medicines as most effectually to prevent it.

The question now recurs, why do teeth decay more frequently and more rapidly during the sickness than at other times?

For the better elucidation of this question, it becomes necessary to inquire what is sickness? I here use this word as a general term for all kinds of diseases. What are its causes? How do the causes act to produce it, and what are some of its effects?

For our present purpose it may be enough to say, that

disease or sickness is any disturbance or interruption of all or any of the functions of the living body.

The principal recognized causes of these interruptions and changes of the functions which constitute disease, are indigestible and all the various unwholesome and improper articles of food; malaria, appreciable or unappreciable; sudden changes of temperature; great changes of the state of the atmosphere, electrical and hygrometrical; various emotions of the mind, as grief, fear, anger, and the like; and various viruses and other poisons.

They act upon the system chiefly, if not entirely, in two ways; either by directly mixing with and altering the composition of the blood, as where virus is directly introduced into that fluid; or by some shock or irritation of the nervous system.

The most uniformly observable manner, if not an invariable mode in which all these agencies affect the functions of the living body, is by altering the various secretions. The sweat, the urine, the bile, the gastric and pancreatic fluids, the saliva and the milk, some or all of them have been found more or less altered in most diseases; and the blood, from which all the secretions are derived, is supposed by many always to be changed in disease. It is at least evident that shocks to the nervous system, from purely mental causes, sometimes most wonderfully affect the secretions. Repeated instances have been recorded where a fit of anger has produced such a change in the milk of mothers as to cause the death of their infants in a very short time after partaking of it. I have seen a most obstinate and intractable diarrhœa produced by sudden and excessive grief, causing primarily great acidity of the stomach, and this acid acting most markedly and unmistakably as an irritant on the bowels. But as it is the saliva only—including, of course, the secretions of the salivary glands and buccal mucous membranes—that comes in contact with the teeth, or at most, that remains in contact with them, we shall confine our present inquiries to the changes that have been observed in that secretion; and after remarking that for many years I have observed that confirmed dyspetics almost uniformly have bad teeth, and that their teeth are decayed in so peculiar a manner that I can almost unvaryingly diagnose dyspepsia by an examination of the teeth—(to this I will refer again before closing)—I shall, therefore, quote somewhat freely what has been recorded by others, of the changes produced in that secretion by various diseases.

Muller's Elements of Physiology, page 362, says: "The testimony of many physiologists is, that the saliva is alkaline, but that it may vary from alkaline to acid under many and trifling circumstances."

Lehmann's Chemical Physiology says: "The secretion of the oral mucous membrane has an alkaline reaction. Human mixed saliva, [secretion of the salivary glands and buccal mucous mmbrane] "in an abnormal state has an acid reaction, and commonly in a fasting state. It is most commonly found acid in irritations of the primæ viæ."

Carpenter's Physiology, fifth American edition, page 412, says: "The reaction of the saliva is usually alkaline, that of the principal gland being always so in health; while that of the buccal mucous membrane is acid; so that when the former predominates, as is always the case when food is being masticated and digested, the saliva of the mouth is alkaline, while when the latter is more abundant as is often the case during the interval of digestion, at the slow rate at which the salivary glandulæ then pour forth their product, the buccal saliva is frequently acid."

Simon's Chemistry of Man says, page 295, of human saliva: "When perfectly normal its reaction is alkaline;" also, page 301, *ibid.:* morbid saliva sometimes cantains free acids; this is most commonly lactic acid, but in some cases acetic acid is likewise present. I have frequently found acid in acute rheumatism and in cases of salivation. According to Donne the saliva has an acid reaction in all cases of irritation and inflammation of the stomach, in pleuritis, encephalitis, intermittent fever, acute rheumatism, uterine affections, and amenorrhœa. Brugatelli detected oxalic acid in the saliva of a phthisical patient.

Draper's Physiology says, page 44, that "the saliva is alkaline; but in morbid conditions, an acid reaction is by no means infrequent; it has commonly been observed in intestinal inflammation, acute rheumatism, intermittent fevers."

Thus the testimony of physiologists is unanimous and conclusive that the saliva, under various circumstances, and in many if not most diseases, is changed from its normal alkaline to an acid reaction. Some of them state, as we have seen, that the saliva is usually acid during fasting. This condition usually occurs, to a very great extent, in most cases of sickness of such severity as to require continued active medication.

While, then, the patient is sick enough to require medical treatment, whether from the direct effect of the disease in

altering the secretions, or from the fasting consequent upon the sickness producing that effect, or both, his teeth are constantly bathed in almost the only kind of article that has, or can have, any deleterious effect upon them.

Although this acidity may be but slight in degree, it is frequently long-continued and constant, and therefore produces and must produce serious effects; and to my mind, both from theory and long-continued observation, is satisfactory and conclusive cause for the excessive ravages of caries of the teeth during sickness.

But how, I may be asked, does it especially manifest its effects?

Let us take as an example a case of dyspepsia already alluded to, especially as the effects are usually more distinctly marked than in any other kind of disease. For here the acidity of the oral secretions is generally most excessive; and, besides this, such patients are peculiarly liable to great acidity of the gastric secretions, and this they frequently regurgitate into the mouth, and often so strongly acid as to produce at the time a very sensible and disagreeable effect upon the teeth—or what is popularly called "setting the teeth on edge." In such cases, as might be expected, the teeth, if perfectly formed and sound before, will be found most decayed about their necks, that is, just at the margins of the gums; for there in such cases this acid finds most ready lodgment, and is kept most constantly in contact with the tooth; and there, too, the enamel is thinnest, and, therefore, affords the least protection to the body of the tooth; and there, consequently, what enamel there is, will be found to be removed in large patches from many and even all of the teeth, and frequently softened and rendered friable to a much greater extent. If the teeth are already decayed, if even so slightly as to be unobserved by non-professional eyes, or if they have the least imperfections in their formation, as very frequently happens, a want of perfect union of the enamel at the lines of union of that substance from the different points of its deposit, though these unprotected interstices may be ever so small, even so slight as scarcely to show the finest dark-colored lines, they afford similar lodgment for this acid, and also a most favorable opportunity for its fullest and most ready action, and often producing, as every dentist must have seen, whether he recognized the cause or not, most disastrous consequences.

So, too, in all other diseases which change the saliva from an alkaline to an acid reaction, this effect is produced on the

teeth in the same manner, and to an extent just in proportion as the saliva is rendered more or less acid, and to the length of time that such change continues.

From these facts, then, we may fairly deduce this rule: Most diseases injuriously affect the teeth; while the exception is that some may not.

What has been said thus far of the agency of diseases in causing decay of the teeth relates to adult life, or at least to their effects upon the teeth after they have erupted through the gums. But there is another time and manner in which diseases most seriously affect the teeth. This is during adolescence—while the teeth are in a state of formation within the gums, where no medicine can act directly upon or come in contact with them. Thus, any disease at this stage of life which interrupts or suspends the functions of nutrition may prevent them from receiving a sufficient supply of the appropriate materials for their full and perfect development. From this cause I have seen a whole set of teeth, otherwise well enough formed, with only the slightest traces of enamel upon them; and it is not very uncommon to see teeth where there is but very little enamel on or near their cutting edges or grinding surfaces, where higher up on the crowns of the same teeth it is of normal quantity and quality, showing that the process of nutrition or of supply had from some cause, for a time, been suspended, and afterwards restored. This effect is also made manifest by the frequent observation that some of the teeth of the same individual may be found decayed or imperfect in their construction, while the others are sound and perfect—the decayed or imperfect ones and the sound being in pairs, and of the same class, showing that the same cause that acted deleteriously on one, had the same action on the others that were in the same stage of their formative process. So true is this that I have often been able to diagnose at what age of the individual a previous "fit of sickness" had taken place, without any previous knowledge of the facts, and by simply observing in what part of the mouth such decayed teeth were situated.

Having now shown that medicines, judiciously exhibited and properly administered, do not, and generally cannot, injure the teeth, and that many if not most diseases do, and of necessity must injure them more or less, I cannot refrain from adding that the injudicious exhibition and improper administration of medicines, and more especially the drenching themselves with quack nostrums, to which our people are so strangely prone, as uniformly do and must produce ill

effects on these organs. And so, too, and in the same manner, may the eating of candies, or of sugar, or of the very staff of life, bread, or the drinking of pure cold water; *i. e.*, by the taking of them at such improper times and in such improper quantities, and at such irregular intervals as to disturb the functions of the stomach and nervous system; thus injuring the health and changing the character of the secretions. Hence, a safe general rule in relation to quack nostrums is, that any time is an improper time, and any quantity is an improper quantity. And this is true at all stages of existence, from earliest youth to decrepit age. But medicines, when so administered as to secure the object for which they are given—the restoration of the secretions from an abnormal to their normal condition, the restoration of the body from disease to health—instead of injuring the teeth, protect them from injury.

IODIDE OF POTASSIUM IN DISEASES OF THE BRAIN IN CHILDREN.

BY DR. JOHN COLDSTREAM.

Twenty years ago iodide of potassium was recommended by Roeser, as a remedy of special power in hydrocephalus, and since this time Drs. Risdon, Bennett, Copland, Evanson, Maunsell, Willshire, West, Wood, of Philadelphia and others, have added their testimony as to the value of this medicine in this and analogous cases.

"My own experience," writes Dr. Coldstream, "has gradually led me, for a considerable time past, to its employment, almost exclusively, in the treatment of those numerous ailments of children, which we cannot but regard as indicative of a tendency to hydrocephalus. In all cases in which, from the course of symptoms, I have reason to believe that the central organs of the nervous system, or their envelopes, are affected with strumous inflammation, (tubercular cerebritis, or meningitis,) or its consequences, after moderate purging, and perhaps application of leeches to the head, I am in the habit of prescribing the iodide, in doses of from half a grain to three grains, every three or four hours, generally dissolved in

some carminative water, and continuing it in doses, varied according to the symptoms, for many days, or even until convalescence is fully established; and I am quite satisfied that, under this treatment, with the occasional addition of blisters to the shaven scalp, I have seen far more prompt and decided effect produced upon the disease than I used to see under the old treatment.

"When opportunities have been afforded of commencing the use of the iodide early, it has appeared in several cases to arrest the progress of the disease rapidly, so that the formidable effects of effusion, indicated by squinting and convulsions, have not supervened. In less favorable circumstances, in cases where considerable prostration had succeeded to great febrile action, and in which starting and squinting had become prominent symptoms, I have seen, in not a few instances, the free use of iodide of potassium followed by amendment and complete recovery. In such cases, and in others still further advanced, I have given larger doses, even to the extent of four grains, several times a day, to children of from four to eight years of age.

"The medicine is very seldom refused by the patient, and I cannot say that I have ever seen it either increase the nausea that so frequently exists in the earlier stages of the disease, or produce any other untoward effect; especially have I have never seen it induce salivation, which the drug sometimes seems to cause when given for other ailments.

"It seems generally to act upon the kidneys; yet I cannot say that the amount of relief to the head symptoms bears any very obvious relation to the quantity of urine excreted.

"Although I have no doubt that the iodide is more especially useful in cases where there exists more or less of the scrofulous diathesis, I have often used it with satisfaction in patients apparently free from all such taint; even in cases where the ailment seemed to have followed injury from external violence, as so often happens in young children. I am not prepared, however, to assert that the iodide is more useful than calomel in *all* cases of inflammation of the brain and its appendages. When we have to treat robust and full-blooded children, in whom there is good reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, I have no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these, symptoms of

cerebral disorder continue, I would have recourse to the use of the iodide.

"In cases of convulsions from teething, which, amongst ill-fed children, living in badly aired localities, are not unfrequently followed by hydrocephalus, I have used the medicine with much satisfaction.

"I have occasionally employed the proto-ioduret of mercury, as advised by Evanson and Maunsell, but not with more obvious benefit than I have been accustomed to see resulting from the use of the iodide of potassium. During convalescence, I generally prescribe the iodide of iron; sometimes a vegetable tonic, combined with the iodide of potassium.

"In several cases of recovery from severe attacks of meningitis, it has occurred to me to find the mental powers of the little patients considerably impaired. This result has occasionally been protracted for many years, and seems likely to prove permanent; but generally it has become less apparent, and ultimately passed off entirely.

"In thus endeavoring to recall attention to what I believe to be a truly valuable agent in the treatment of a class of formidable diseases, I would not overlook the fact, that all past experience tends to assure us that a great majority of cases of disease of the brain in early life, prove fatal under all kinds of treatment. In advanced stages of the tubercular forms of these diseases, we may not yet venture to hope for any great advantage in the use of the iodide of potassium. But I am disposed to agree with Drs. Copland, Willshire, and West, in believing that they may be cut short, if subjected to treatment in an early stage, more frequently than is generally imagined. My own experience leads me to regard the iodide as more likely than any other drug to promote the desired end; and my confidence in it, as *the* remedy best adapted to all stages of the tubercular diseases of the head, is so strong, that whatever else might be done, or left undone, I would persevere in administering it, even in circumstances the most desperate."—*Edinburgh Medical Journal, Dec.* 1859.

☞ Lord Bacon remarked: "Certainly every medicine is an innovation, and he that will not apply new remedies must expect new evils, for time is the greatest innovation; and if time, of course, alter all things for the worse, and wisdom and counsel shall not alter them for the better, where shall be the end?"

OBSERVATIONS ON REVACCINATION.

BY MM. VLEMINCKX AND MARINUS.

M. Vleminckx detailed to the Belgian Academy of Medicine the results of the revaccinations which had been put into force at the prisons of Ghent and Vilvorde, the subjects together amounting to 1660. Of these, 379, or 16 per cent., were vaccinated with success. Of the 1660 there were in 716 manifest traces of a prior vaccination, and 471 exhibited marks of small-pox. Of the 716, 115, or 16 per cent., and of the 471, 220, or 46 per cent., were vaccinated with success. The author's conclusions, from these and other cases, which he has brought before the Academy on former occasions, are as follows:

1. Revaccination of subjects who have been well vaccinated, produces generally but very few useful effects.
2. Persons who have been the subjects of variola have much more cause to be revaccinated than those who have undergone proper vaccination.
3. Revaccination is successful in proportion to the length of time which has elapsed since the first vaccination or the attack of variola.
4. Until the age of twenty-five it is generally useless.
5. From that age to thirty-five it gives rise to useful results in a certain number of individuals, but this number is so extremely small, that, without proscribing it in such persons, it need not be warmly recommended to them.
6. After thirty-five it becomes a sure preservative, and consequently necessary.
7. Its failure at one period furnishes no reason for not having recourse to it at other epochs, as there is no reason to suppose that the receptivity may not return between the one and the other operation.
8. Revaccination of pupils in schools and colleges is useless, as is also the case with revaccination of soldiers in armies constituted as the Belgian.

M. Armieux also submitted to the Academy an account of revaccinations he had performed in the 25th regiment of the French line, stationed at Rome. The revaccinations amounted to 2021, of which number one-third succeeded. He found that when the virus was taken direct from the arm of healthy infants more than one-half the cases succeeded, while when it was taken from the arm of the adult, less than one-fourth of

the cases succeeded. He feels convinced that the virus becomes enfeebled in energy in the adult, and is unsuited for the certain propagation of vaccination. He has also found that virus preserved under glass, or in glass tubes, to be of very uncertain efficacy, and sometimes quite inert. Contrary to most observers, he states that no age is refractory to re-vaccination, which succeeds equally well in youth as in riper age, his experience, however, with regard to the young being derived from a regiment, is necessarily very limited. Of the whole 2021 revaccinations, success was complete in 670, doubtful in 86, and wanting in 1254. With regard to prior vaccination, 1478 soldiers had been vaccinated in childhood, or for more than ten years, and had not suffered from variola. In these the revaccination succeeded in 505, 34 per cent., was doubtful in 62, and failed in 912. In 145 instances the subjects had not been vaccinated, but had had variola, and in these revaccination was successful in 58, doubtful in 4, and failed in 83. For six months after this revaccination, a considerable epidemic of variola prevailed in Rome, but throughout the regiment of more than 2000 men, only 8 cases of very benign variola, or varioloid, occurred. These 8 individuals had been successfully vaccinated in childhood; but, with the exception of one, they had either not been revaccinated or had been so without success.

M. Marinus observes that the conclusions M. Vleminckx arrives at in the paper we have referred to, are quite opposed to all former experience of vaccinators; and, without doubting the accuracy of the statements made, he thinks that until further investigations can be entered into they must be received as quite exceptional. It may be even worthy of consideration whether the prison life of the subject forming the material of M. Vleminckx's experiments, have not favored receptivity at a more advanced age. In the mean time, awaiting the period when the question is to be brought before the Academy for full discussion, M. Marinus passes in review the various statistical proofs of the decay of the protective power of vaccination, and the efficacy of revaccination. The conclusions he comes to, from a great mass of figures, are:

1. That the preservative power of vaccination is of a true efficacy during the first ten years, and then goes on diminishing to the twenty-fifth or thirtieth year.

2. That the same law applies with respect to the preservation from variola by a first attack of this.

3. That the receptivity for a second vaccination is never greater than between the tenth and thirty-fifth year after the

first, this being the period when revaccination has best succeeded, both in those who have been previously vaccinated, and in those who have had variola. This is, then, the period during which its performance is essential; and after this epoch of life has been passed, although revaccination may still prove useful, it need not be too warmly recommended.—*Medical Times and Gazette, Feb.* 8, 1860.

EXTIRPATION OF GLANDULA PAROTIDEA.

BY GERHARD PAOLI, M. D., CHICAGO.

Dr. Deville, of this city, called a public meeting, and through the city papers invited all medical men to listen to a lecture, to be delivered by himself, upon the Parotid Gland. The lecture seemed to be particularly intended to confute Dr. Brainard, who published, in his *Medical Journal* of December last, a very interesting original communication on this subject, wherein he plainly proved that he had several times removed the parotid gland. Dr. Deville seems to doubt the statements of our distinguished surgeon, and, indeed, doubts that the operation ever has been performed by any one, and quoted authors who question the possibility of the operation, without quoting a single one who ever has performed it. He stated that in all the medical museums in Paris and London he had never seen a single specimen of extirpated parotid gland. He doubted, indeed, whether there was any disease of that organ except hygroma. As to the anatomical facts his lecture was interesting, but in his surgical statements he came in conflict with experience; and I shall here, from an altogether scientific point of view, present a few facts in regard to this operation, and the diseases of this important organ. As far as I know, there is no special treatise upon the parotid gland, and I have, therefore, collected the following facts, which prove beyond a doubt, that the extirpation has been made many times, and furthermore, that the parotid is subject to disease as well as other glands. The particular character of the different kinds of tumors which appear in the region of the parotid are still very imperfectly understood; notwithstanding the researches of pathological anatomy, we

are still very far from a clear understanding of the real seat and origin of them, of their diagnostic signs, their most rational treatment, or their more or less favorable prognosis, and it would be of great importance in practical medical science if we had more positive knowledge on these subjects.

I shall first, before attempting to prove that many distinguished surgeons have extirpated the parotid, briefly mention the diseases to which this organ is subject. To these belong carcinoma, osteoides, enchondroma, induration, hypertrophy, sialomo, hydroma, aneurism, lymphatic and many other tumors.

Carcinoma fibrosum produces a stone-like circumscribed swelling of less circumference than the gland, with uneven, knotted surface, is generally movable, grows slowly, and therefore may exist many years without causing the patient much trouble; sometimes it is very deeply seated and becomes spread out into the ear or throat.

Carcinoma medullare appears very seldom and produces larger tumors which grow more rapidly. On their first appearance they are like small, hard, uneven knots, which afterwards become softer, as if divided in small portions, and often present a spurious fluctuation. It is particularly this kind of carcinoma which causes the disease to take deeper root, where it can grow and distribute itself in different directions. In the case of a patient who died with a tumor of this description, Berard found that the internal jugular vein participated in the degeneration, and that the diseased mass reached into the vein. It can easily be seen how great the difficulty and danger would have been in this case to have attempted extirpation. A subdivision of this disease Rokitansky calls cystocarcinoma, whose nature does not differ materially from the other kinds. Prof. Larsen has removed a tumor of this kind from the parotid, and exhibited it in the Philatrien Medical Society.

Induration.—This form may be the consequence of chronic inflammation of the parotid, but in some cases it occurs without any such previous inflammation. Sometimes hard circumscribed tumors are found in the parotid, which, without causing any pain, or in any way particularly troubling the patient, continue unchanged many years. Such may be fibrous bodies, dermoides, enchondroma, or osteoides, and all appear to proceed from the fibrous elements of the gland. We are hardly likely ever to arrive at any certain signs by which they can be distinguished, till the anatomical knife, after operation, makes known to us their component parts. They are all

considered of a mild nature, and can generally be easily removed without danger of revivification, with the exception of the osteoid, described by John Muller, which, according to Rokitansky, is nothing more than medullary sarcoma.

Hypertrophy.—There are very few instances of tumors of the parotid of this nature. Sabatier, who calls them the "*de la parotide*," has seen them twice; Tenon and Berard each once. They are often congenital affections, and depend upon the greater development of the separate portions of the gland so that they appear in a considerable compass, and form tumors more or less hanging. In some cases there was also a telangeiectasis or an increased vascularity of the glandular masses. In one of the cases mentioned by Sabatier, a man aged sixty had a large tumor on the side of the neck, with a constricted basis, so that it was easily moved in all directions, its insertion reaching from the zygomatic arch and the ear, which was projected forcibly forward over the masseter muscle. It had existed fourteen years and grew very solwly in the beginning, but afterwards more rapidly. He removed it successfully with a ligature, and compared the inner structure to that of chronic hypertrophy of the tonsils. Tenon saw a case of a child of one year, where the tumor was about the size of a man's fist. On the death of the child, which occurred soon after, the tumor was found to have been caused by a derangement of the parotid, which also was full of strangely developed arteries which proceeded from the external carotid. Berard saw a child two or three years of age, who had a similar tumor, having its seat in the region of the parotid. It was oblong, tolerably hard, of a bluish color when the child cried or exerted itself. The compass could be diminished by compression. All the physicians who saw it considered it a telangeiectasis. Berard was just about treating it as such, when the child died of another disease. It was then found that the tumor consisted of a hypertrophied parotid whose texture was unchanged, but granulations were interwoven with a quantity of strangely developed veins.

Sialomo.—These tumors, which are also described under the name of abscesses, or tumores salivales, consist of a collection of thick saliva, contained in a closed sac, in the parotid, but instances of these are so rare, that in the annals of medical science very few are recorded; they are the same for the parotid, as ranula for the sublingual gland. These tumors sometimes contain sand, or small calculi salivals; they differ in size from a nut to a goose egg, and even larger. Felix Plater describes such an one Lib. 3, p. 689. Keemer describes

a similar tumor. (*Journal fur Chirurgie Augenheikunde* of Graeffe and Walter.

Hygroma—Rokitansky.—These also appear very seldom, and are distinguishable from sialomo by their not containing saliva, but a thin, divers-colored fluid, clear as water, which is contained in a sac. Henry* observed such a tumor in a child four years of age, which had suffered therefrom from its earliest years. It developed slowly without pain, together with a feeling of fluctuation; at the first attempt to remove it, six ounces of a clear fluid flowed out. Valker and Wutzer have described a similar case.

Aneurism.—Tumors of this kind proceed from lesions of the external carotid, or its branches, or of neighboring arteries, as the vertebral; they may be of considerable circumference, and their diagnosis is sometise attended with great difficulty, as they do not always pulsate, and under the form of a false aneurism may produce tolerably hard tumors contained in the parotid, and surrounded by its aponeuroses. They appear ottenest after lesion of the arteries consequent upon shot wounds, etc. Berard saw them in the upper part of the region around the parotis after arteriotomy. A remarkable tumor of this kind is described by Jovil.† The patient, in consequence of a shot wound received in a duel, had a lesion of the external carotid and internal jugular vein, whereby these blood-vessels were brought into internal communication, but the artery also opened in an aneurismatic sac of the size of a pigeon egg, which formed a considerably large tumor in the region of the parotid, so that there existed at the same time both varix aneurisma and aneurisma varicosum. Besides, Romagna,‡ of Naples, has communicated a not less remarkable case, where a tumor in the parotid gland proceeded from an aneurism of the vertebral artery caused by a punctured wound under the ear. The projection, a false aneurism, formed a considerable sized tumor, which reached from the ear to the angle maxilla inferior, and from the edge of the sterno cleido mastoideus to the edge of the maxilla inferior.

The principal tumors in the parotid, whether they proceed from the degeneration of the gland itself, or of the lymphatic glands, have generally several similar qualities, such as growing slowly in the beginning, or remaining stationary a long

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* Bulletin de l'Academie.

† Gazette Medicale, p. 457: 1840.

‡ Archives General de Medicin, 2d series, 5th volume, page 138.

time; and as they are frequently wedged in between the processus mastoideus and maxilla inferior, lift the ear more or less upward, and thereby the lobulus of the ear sometimes almost disappears. When the tumors have reached a considerable size, they sometimes impede the motion of the maxilla, press together the ear channel, and affect the hearing, as well as compress the large blood-vessels, thereby causing a feeling of giddiness in the head. They soon almost imperceptibly make their appearance in the form of little hard moveable knots in the region of the parotid. Preeger thus describes a case where a woman thirty-three years of age suddenly, at night, felt an acute pain in the cheek, which reached down to her neck, and was so severe that she could not raise her head without assistance; sometime after, she observed a little knot under her ear, which was tender to the touch, and then, after a lapse of ten years, it had grown to an immense size, which not only covered her cheek, but reached down to her breast, parallel with the pharynx, which it pressed aside. Burns observed a similar tumor.

Extirpation.—This operation, the most customary and certain relief for the greater part of the tumors which occur in this region, was the subject of much discussion and strife among surgeons at the close of the past and beginning of the present century; but we now, finally—partly by the aid of discoveries in pathological anatomy, and partly from the teachings of experience—seem to have arrived at some definite results. A number of older sugeons, such as Heister, Schaarshmidt, Schultet, Acrel, Siebold the elder, Werdier, Sarengeot, Roonhuysen, and several others, have declared that they have extirpated the whole parotid, and give a number of observations, which conclusively prove the truth of their statements.

Notwithstanding all this, Burns and Ritcher, and afterwards Boyer, attempted to prove that these surgeons, when they believed they had extirpated the parotid, had deceived themselves. They attempted first to show that the tumors described by them were not generally seated in the parotid, but in the adjacent lymphatic glands, which pressed the parotid down in the cavity and atrophied it, and after their removal it seemed as if the whole parotid had been removed. Richter even went so far in condemnation of the operation, that he did not consider a surgeon warranted in performing such a hazardous operation. Still, many of the older surgeons have proven by their own observations, that some at least of the tumors in the parotid have been removed with complete suc-

cess, and without danger of lesion of any consequence, even in many cases without the slightest difficulty, and that it can be done without removing the whole of the parotid, in which they have developed themselves.

So the possibility of total extirpation being performed, has been established beyond a doubt, by many surgeons whose names occupy a prominent place in the annals of medicine, and in this connection, I will here mention some of these distinguished surgeons, viz: Beclard in 1823, Randolph, Lisfranc, Gensoul, Hendricks, Ollenrath, Kleins, Ohle, Walter, Chelius, Prieger, Berendts, Weinhold, Beelard, McClellan, Dieffenbach, Heister, Wallman, in 1828, in Vienna; Dupuytren, in 1829, in Paris; Bendz, in Copenhagen, in 1838; Verdier, Mott, Geyrond, Boyer, Stedman, Lacoste, Larrey, Nægle, in 1830; Brainard, in Chicago, and many others.

These all prove that the parotid can be removed, even when the glands are degenerated, and in fact they recommend the operation as being absolutely necessary. That it can be done is much the more indisputably proven by careful examination immediately after the operation, when the cavity of the parotid region, blood-vessels, nerves, and parts bordering on the cavity inside, may be seen without any remnants of the glands, partly also by consequent perfect paralysis of the face, and partly by post-mortem examination. At the same time experience teaches that degeneration of the parotid can thus take place when prolongations of the diseased mass have forced themselves in the deepest parts, for instance; to the bassilary process, or atlas, then the complete extirpation of the gland becomes impossible, still science may accomplish much under very difficult circumstances. Hendricks has shown, in a case where the tumor was very large, and unusually firm, and sent prolongations into the deepest part, among blood-vessels, nerves, muscles, etc., that one of these prolongations hung fast to the stem of the nervus vagus, and had to be separated by very careful dissection, the pharynx was seen entirely bared, contracting itself together under the constant desire to swallow, which distressed the patient. Under this troublesome operation, which lasted an hour and a quarter, several arteries were tied, but the lesion of the carotid was avoided.*

These questions may now be considered conclusively settled:

1. That tumors lying in the parotid have been successfully removed without the necessity of removing the whole gland.

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* Braamberg Dis de exterpatione gland parotis, et sub maxillaris, 1829.

2. That the whole parotid can be extirpated when circumstances require it, either when the whole gland is degenerated, or when a tumor, on account of its situation, cannot be removed without taking the parotid also. Practical talent and experience are what are most to be relied upon in such cases, but we may consider it a tolerably well established rule, that in every tumor which we have not been able to disperse, or where dispersion is not advisable, there is an indication for extirpation.

Neither the size of the tumor, nor its ulceration, nor the age of the patient, are any contraindications to the operation, for many surgeons have extirpated the largest tumors with complete success. Some have thought best not to operate on scrofulous subjects, or lymphatic tumors, because they consider scrofula a constitutional disease and that the operation would be of no use. In the meantime, Sidellet has undertaken a number of operations of this kind among soldiers, as also Velpeau and Warren, and experience seems to have taught them to consider these tumors in patients who have arrived at a certain age, more as local affections than constitutional diseases. Upon these grounds they removed others with equal success from other parts of the body, for instance, the groin, axilla, neck, etc. Still the operation must be considered as contraindicated when the tumor is very deep-seated, or there are suspicions that it reaches very deep, and has a considerable prolongation, for instance, reaches forward in the fauces behind the tonsils.

That they are carcinomatous, ought not to deter us from attempting their removal, as experience has shown by many observations that these tumors have been successfully removed without danger of their returning; melanosis is an exception to this, and must be considered as a *noli me tangere.*

Before we proceed to extirpation of deep seated tumors, which often expose the parotid, the question should be well considered, whether we can insure ourselves against hemorrhage by ligature of the common carotid beforehand. This proposition was first made and executed by the English physician, Goodland* while extirpating the whole parotid, and several have followed his example. It is not easy to say beforehand whether the tumor is formed by degeneration of the whole or a part of the parotid, which of course would have more or less effect upon the hemorrhage, as experience shows us that many tumors in the lymphatic glands can be removed

* Medical and Surgical Transactions, vol. 1: p. 12, 1819.

without the least danger of producing lesion of the carotid. Also, the situation of the artery is variable, sometimes perforating the gland's deepest part, sometimes lying in a cavity at its point, or the foremost edge, and as one position occurs quite as frequently as the other, it follows that even in the extirpation of the whole parotid, it is not always necessary to cut the external carotid, which for instance, Smidt, Lisfranc, and Hendricks avoided, and McClellan was even so fortunate as to loosen the whole artery out of the diseased mass in which it lay, and extirpated the whole gland without the necessity of tying it; furthermore, several surgeons state, that tying the common carotid has, in several cases not only proved to be a difficult and dangerous operation, but its consequences have been injurious to some of the vital organs, particularly the brain, lungs, larynx; and the internal carotid, can, in this operation, almost always be avoided. Velpeau very justly observed, that this preliminary ligature ought, under all circumstances, to be confined to the external carotid, and besides assures us that he never has found it necessary to undertake any such ligature, although he has constantly performed this kind of operation, and in doing so, often reached in to the very depths of the parotid cavity. For these reasons it is not only unnecessary to place a ligature upon the external carotid, but in many cases it would be connected with great difficulties, because the lower end of the tumor generally covers the artery. On this account it is sometimes difficult enough to place a ligature upon the common carotid, and we see, for instance, that Dr. Stedman occupied fifty-five minutes in doing it. In attempting to pass such a ligature, he happened to open the jugular vein, and thereby nearly lost his patient through the entrance of air into the vein.

Berard also considered this preliminary ligature quite unnecessary except in case of a large encephaloide, which tumors are sometimes very frail, and if torn under the operation might produce dangerous parenechymatose hemorrhage. Instead of a preliminary ligature a reserve ligature (ligature d'attende) under the common carotid, has also been recommended as advisable under certain circumstances. Beelard, Roux, Lisfranc and Gensoul have made use of it. Langenbeck and Braamberg compress the artery during the operation with the finger.

All now seem agreed that these precautionary measures are unnecessary, and depend upon reliable assistants who, during the operation, can compress the primitive artery.

It is generally acknowledged that definite surgical rules are

sometimes very difficult to establish. In such cases talent and skill only can guide the surgeon, and he is often obliged to create his own methods, and difficult as the operation seems, and to many it may appear an impossibility, still, no one who is acquainted with the surgical annals of different countries can doubt the records of men whose only object has been to relieve suffering, and leave truthfully to posterity their experience.—*Louisville Medical News.*

EXTRACT FROM LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY.

BY M. CLAUDE BERNARD.

GENTLEMEN:—In my first lecture I made you acquainted with the course which I proposed to carry out in the study of Experimental Pathology, and I endeavored to show you how difficult it was to enter on the study of so complex a science as that of Medicine, without having previously acquired a preliminary knowledge of other sciences less complicated in their nature; lastly, I endeavored to combat an opinion, too generally entertained, viz: that physiological phenomena belong to an order of facts entirely foreign to those which occur in the morbid state.

We shall now enter on the study of the symptoms peculiar to the pathological state, the agents which give rise to them, and those calculated to bring about their removal; lastly, we shall produce all the phenomena of disease by artificial means, and shall then endeavor to make them disappear.

But, before entering on this subject, it is indispensable to ascertain whether everything which occurs in a state of disease can be explained on physiological grounds; or whether disease has the peculiar property of originating, in the living being, laws altogether new, and of which we have not the slightest idea as existing in a state of health.

If, in the case of an adult in the full enjoyment of all his faculties, we ask ourselves what is the regulating agent, what the *primum mobile* of all physiological actions, we are constrained to reply that its seat is in the nervous system. It is to the nervous system that we owe both sensibility and volun-

tary motion, that two-fold source of all our relations with the external world; it presides over all organic functions, and it is my intention to prove to you, that while it is the origin of all the normal phenomena of life, it is also that of all pathological action.

In proportion as we ascend in the scale of animal life, we see the nervous system acquire greater development, and at the same time we observe that diseases become more frequent, more variable in their form, and more complicated in their nature. Why should this coincidence astonish us? Are not all our organs dependent directly on the nervous system? If we take, one by one, the different systems of the animal economy, it will be easy to show that all the symptom of the diseases to which they are liable, may be produced by direct irritation of their corresponding nerves. We can even give rise, in this way, to all the anatomical lesions by which they are characterized.

What, for instance, are the principal signs of the affections of the respiratory organs? Cough, dyspnœa, increased bronchial secretion; are not these the symptoms which most frequently proclaim their existence? Now all these phenomena can be produced at will by the direct excitation of the pneumogastric or certain other nerves; we can even call into existence the anatomical lesions incident to pleurisy and pericarditis. The causes of these morbid changes would therefore appear to be intimately connected with the nervous system. If we now turn our attention to the digestive apparatus, we shall soon be convinced that the physiologist possesses the same power relative to it, as he does in the case of the respiratory organs. By exciting the solar plexus and its efferent branches, we can determine both diarrhœa and dysentery, together with the anatomical lesions which habitually accompany them. Acute peritonitis has even been induced with all its consequences, as evidenced on opening the animal, by the presence of pus and false membrane in the peritoneal cavity.

Thus, then, a multitude of diseases may be brought into existence by a simple modification of the elements which the animal economy originally contains, without having recourse to the introduction of any new principle; and, if we were to examine the other systems of the body, results analogous in their nature would be obtained. Fever itself, that essentially medical symptom, can be excited by a mere mechanical irritation of the nervous system, and the products of inflammation, such as pus, false membranes, and plastic exudations,

may, any or all of them, be called into existence in a similar way. In an animal, previously enfeebled, we can produce, directly, pleuritis with purulent deposit, by the simple division of the great sympathetic nerve; in order, however, to insure success in this experiment, it is absolutely necessary that the state or condition of the animal's health should be previously lowered.

It is, therefore, a fact, that the perverted state of the nervous system gives rise to a great variety of diseases, not only of a general, but also of a local character; deprive a muscle or a bone of its nervous supply, and you will have, as a consequence, fatty degeneration in the one case, and rickets in the other; in fact, if you tie the nerves, which enter the nutritive foramina of a bone, you will very soon see the cells of the lamellar structure increase in size, the vessels become more numerous, and all the phenomena of rickets follow in rapid succession; we can even bring about these results on part of a bone, without interfering with the remainder. This experiment has been successfully carried out, in the case of the lower jaw, by M. Schiff, of Berne.

But there exists in disease an immense number of other phenomena, which, at first sight, it appears impossible to produce by a simple lesion of the nervous system; I allude especially to the alteration or modification of the fluids of the body, which takes place in the course of certain maladies. Now, I am prepared to demonstrate that a vast number, if not all, of these morbid changes, are still to be traced to the action of the nervous system, and that they can be reproduced at pleasure by the physiologist. Among the various fluids of the body, the urine is that one the morbid changes of which have been the most carefully and completely investigated. Now you are perfectly aware, gentlemen, that albuminuria, polyuria, and diabetes are invariably produced by excitation of definite points of the medulla oblongata, the peculiar form of the perverted urinary secretion being determined by the particular portion which is acted on; it is in the case of diabetes especially that the importance of this experimental fact is fully brought out. It was supposed that in diabetic patients the morbid state created entirely new conditions in the economy, which gave rise to the pathological production called sugar; it is now, however, admitted on all hands that these phenomena are fully explained by the mere exaggeration of a normal function, in virtue of which glycose is generated in every individual even in a state of health. It is therefore evident that disease, in this case, is nothing more nor less than an exaggerated natural function.

There exists, however, a certain number of pathological products and morbid manifestations which we have not been able to imitate by the employment of artificial means. Shall we be able, at a later period, to connect these facts with those which already fall within the range of experimental physiology? Such is the scientific problem of the day. The question is, whether we shall, one day, be able to embrace pathology in its entire extent, within the compass of biological explanations, or whether we shall, in addition to all which we can imitate or explain, forever be compelled to recognize a *special principle*, mysterious in its nature, which we must acknowledge as a morbid or vital phenomenon?

Let us take, for example, eruptive fevers, small pox, scarlatina and measles; these are diseases, indeed, which it is impossible for us to produce without having recourse to a special virus. Shall we, one day, be able to realize this undertaking without the intervention of the peculiar animal poison on which they seem to depend? Must we not, first of all, solve the question, whether such diseases as those we have just specified can possibly exist in animals, even in those which approach most closely to the human species? Are they not in reality the exclusive property of the human organization?

Nothing is more difficult than to produce, through the agency of the nervous system, eruptive diseases in animals, the vitality of the skin of which is essentially different from that of man. We can, nevertheless, produce ecchymosis, congestions and glandular swellings; but it must always be borne in mind that each particular species of animal has its own peculiar diseases, which cannot be transmitted to a neighboring species, however closely allied they may be. Now man, in himself, presents a greater number of special diseases than all the other animals taken together.

Fortunately for physiology, such incompatibilities are rather the exception than the rule. Tubercle, cancer, and many other morbid productions, are found equally in animals and in man. Every disease which gives birth to morbid tissue is evidently a perversion of the nutritive function; now, who will venture to deny the influence which the nervous system exercises over this physiological act? We must, therefore, advance resolutely in the path which lies open before us, without allowing ourselves to be disheartened or intimidated by the difficulties of our science. But we must bear in mind that a disease is not characterized by one single symptom; it consists rather of a complete series of symptoms, standing to each other in the relation of cause and effect. It is, in fact

a morbid evolution which offers a commencement, a middle, and an end; so that a skillful and practiced observer, on witnessing the first stage of a disease, can predict its probable termination. This is no doubt true; disease does not consist in an isolated symptom; it is a collection of symptoms. Now these reunions of morbid phenomena, we indubitably succeed in reproducing in animals. The functions of life are modified in various ways by a variety of different agents. Poisons determine real disease which present an unbroken chain of symptoms, consequent on the introduction into the system of the toxic agent. Here, therefore, we find an entire class of diseases which can be produced at will.

But setting aside this question of such vast dimensions, and to which we shall revert at a later period of our course, let us inquire whether, by mere surgical operations, by mere mechanical lesions, we can determine on the animals subjected to experiment, a certain number of morbid series. If you simultaneously remove the two kidneys of a dog, or simply tie the renal arteries, you immediately produce a general disturbance in the entire economy. The animal is powerless in expelling the excrementitial product which should pass off by this channel, and the whole system becomes gradually poisoned. At first the animal is not seriously affected; it continues to eat and digest its food for a certain lapse of time, which corresponds with the period of incubation in diseases; by and by it is attacked with vomiting and purging, shortly after which it dies.

What takes place in a case like this? Let us endeavor to explain it. During the first period the urea, which can no longer be eliminated by the kidneys, is expelled by the intestines. It is found, together with the salts of ammonia, in the animal's excrements, and even in the gastric juice. If this new mode of elimination could be prolonged indefinitely the animal would not become diseased—it would not die; but very soon the mucous membrane of the intestines, irritated by by the constant contact with the ammoniacal salts, gives rise to morbid changes. On the other hand, as long as the urea is eliminated by the intestines, it does not find its way into the blood. This fact has been demonstrated experimentally by MM. Prevost and Dumas, who have not, however, succeeded in explaining it. Now, at a later period, when the mucous lining of the intestine refuses to continue this function, which is altogether foreign to it, the urea finds its way into the blood, and the animal soon expires, comatose and convulsed.

When the cessation of the urinary secretion depends on the ligature of the renal arteries, this state of things may sometimes be obviated by removing the ligatures; the self-same thing would also take place in man, if there existed an obstacle to the passage of the urine, and if it were possible to remove that obstacle; but in all cases in which the kidneys have been removed, death has always supervened. The destruction of the animal has been the invariable termination of the morbid series.

Here, then, we have a disease which can be artifically produced; but there are many others, the causes of which are agents existing exterior to the body; contagious affections belong to this class. The fact has been experimentally proved in the case of the peri-pneumonia of horned cattle, by the establishment of a communication between two cow-houses, the one containing healthy, the other diseased cattle. In the inclosure, which, in the first instance, contained only healthy cattle, several cases of this peculiar affection occurred in succession.

But independently of these various causes, the action of which I am far from being disposed to deny, internal accidents occur, and give origin to various affections in the economy. This has been experimentally proved; if you remove both the kidneys of an animal, it dies; if you remove, however, only one kidney, the animal continues to live; the organ becomes enlarged, and plays both its own part and that of its absent fellow; a fact which can be easily ascertained by opening the animal a certain time after the operation has been performed. But if, instead of removing the kidneys, you simply make a division of their nerves, the animal dies. During the first few days which follow the operation, albuminuria is produced; shortly after, inflammation of the kidneys sets up; they then mortify and become decomposed; so that, finally, they act on the economy like a septic poison, which inevitably leads to death. Such I consider to be the natural explanation of this *apparently* mysterious fact.

I now presume that I have established the initial proposition: Not only can we succeed in producing morbid symptoms in animals by artificial means, but even actual diseases, with their complete chain of results. Pathology, regarded from this point of view, combines the resources of physiology with those derived from clinical observation.

IPECACUANHA INSTEAD OF TARTAR EMETIC IN CROUP.

BY J. C. SHAPARD, M. D., OF FLAT CREEK, TENN.

I am strongly impressed with the opinion that much harm has resulted from the employment of tartar emetic in croup. It is but justice, however, to admit that this opinion is not the result of long experience or extensive observation. And moreover, according to an ancient sage, an opinion is only the half-way house between ignorance and knowledge. I shall content myself with expressing the opinion, without attempting to estimate its value.

I think I have seen fatal prostration result from the use of tartar emetic in infantile cases in my own practice, and in the practice of other physicians; physicians, too, who were regarded as "skillful and scientific," and who deservedly rank high in the profession. That it was prescribed scientifically in the fatal cases alluded to, I have not a doubt. That is, that according to the "teaching" upon the subject it was indicated in those cases. It is the province of our teachers to lead the van of the profession and give the "word of command." They tell us to use tartar emetic in croup; but in justice to them it must also be said they enjoin caution in its administration, and this injunction may not be sufficiently regarded by the subalterns in the professional army.

Among the pathological elements of croup are inflammation, with or without fibrinous effusion, and spasm. Tartar emetic, in sufficient doses will arrest the inflammation, throw off the fibrinous product, and overcome the spasm; but in accomplishing these results a dangerous prostration is much to be feared. And when we remember how many physicians there are who are more inclined to the heroic than the prudent, it becomes a desideratum to find a remedy that will be as efficacious as the tartar emetic, without its dangers. According to M. Petit, ipecacuanha is that remedy.

M. Petit says, in a recent journal, he has been practising medicine in Paris fifty-two years, and that during his long career he has not lost a single case of croup. He treats the disease with emetics—generally ipecacuanha—tartar emetic *never*. He administers the ipecacuanha in syrup, in infusion, or in powder, according to the age or urgency of the case, but always in emetic doses. He prefers the ipecacuanha because

he considers it a superior emetic, because it can be administered in large doses with impunity, and for the reason that those who give their attention to the little patient are in no danger, through error or inexperience, of injuring it by heroic practice. He thinks it is the emesis that cures the croup—that the vomitings and efforts to vomit detach and throw off the false membranes—that the general shock, and the perspirations produced by the vomitings, modify the organism in such a manner as to prevent the formation of new false membranes. But, in order to obtain these desirable results, he says it is necessary to insist on the emetic without the fear of fatiguing the little patient, as long as the indications for its use continue, and to return to it after having obtained these results, should the croupal cough and dyspnœa return, without waiting for the respiration to become wheezing. And if the physician wishes to be sure of curing his patient, he should not content himself with prescribing the emetic, but he should administer it himself, or have it administered in his presence; and he should not leave the patient until its respiration is completely relieved, and until it can rest easily in the horizontal position.

M. Petit has met with extraordinary success in the treatment of croup—greater perhaps than most other physicians have obtained from any treatment whatever—even the emetic plan; but his long sustained eminent position is a guarantee of his good faith and scientific attainments, and although others might not be as successful with the ipecacuanha as he has been, yet I think its substitution for tartar emetic would lessen the mortality of croup.—*Nashville Medical Journal.*

NOURISHMENT IN TYPHOID FEVER.

English journals and English books contain much strong language and many strong facts in favor of nourishment in typhoid fever. A belief in the necessity of sustaining the strength of those who are to pass through this dangerous disease, is certainly gaining ground. But there are still some who cannot see that the debility which follows the fever is even worse than the fever itself, or, more properly

speaking, are so intent upon the disease, that they forget the condition produced by it. Upon the prostration depend tardy convalescence and many of the sequelæ which not only add greatly to the patient's sufferings, but threaten life itself.

It is clear that many patients relish certain kinds of food, and bear them well, but are kept upon disagreeable and comparatively innutricious articles of diet, the use of which is sanctioned by old and unfounded theories. As the French have advocated every variety of treatment, and been quite as heroic as any physicians, it gives us pleasure to furnish a summary of some remarks by Dr. Monneret, physician of Neckar Hospital, in Paris, published in the *Bulletin de Therapeutique* for January 30th, 1860. After denying that there is any special treatment for the disease, he strongly insists upon the necessity of sustaining the strength by liquid and solid alimentary substances. He commences with an emetic, which is repeated on the second day, if the action previously has not been sufficient. During the second, third, and fourth days he gives lemonade, bark, quinine, wine and broth, and soon after strong soups. He remarks that the physician may feel some repugnance at giving wine and soup to a patient who has a dirty tongue, diarrhœa, fever and delirium, but on reflection it will be seen that there is no other contra indication to the employment of alimentary substances. Those who insist upon a strict diet are still influenced by the doctrine of irritation. They see inflammation where it does not exist, and are constantly afraid of exciting or increasing it. They therefore allow patients to die, who might recover if properly nourished. Whatever may be said about fever, it should not prevent us from sustaining the strength. Do we not prolong the existence of phthisical persons, undermined by fever, by nourishing them until the last moment? Do we not, by nourishment, sustain, for a long time, the life of persons laboring under visceral diseases?

Surgeons have learned, although rather late, and at the expense of their patients, that fasting is often pernicious after great operations. A great number of complications of all kinds assail the sufferers and compromise their existence, if the strength is not upheld by broths, wine, and even more substantial aliments.

Besides, all fears, inspired by systematic ideas founded in bad medical doctrines, fall before impartial observation, which show us that patients who are a prey to fever, digest very well all the things mentioned. Still more, diarrhœa, gurgling, and meteorism, far from augmenting, partially diminish.

We can easily conceive that alimentation should be without harm, as the stomach and a great part of the small intestine are exempt from all textural if not functional change.

Patients attacked by a form of fever which progresses rapidly and violently, terminating fatally, perhaps, in less than a week, take wine and broth with great pleasure, and bear them better, perhaps, than medicated drinks.

In following the proposed course, we only act in accordance with the universally admitted law that nature is to be assisted. In this disease a want of strength is what we have great reason to fear, and, certainly, nothing can so effectually guard a patient against this danger as the use of nutrient materials, which are easy of digestion.

M. Piorry writes in the same strain, in the *Gazette des Hopitaux* for March, 1860. He gives the following rules:

Give, in general, nourishment, when patients wish and need it.

Choose that which observation has shown to be the most suitable and most easily digested.

Commence with a small quantity.

Observe the effects, and increase the quantity promptly, if the experiments show such a course to be desirable.—*Boston M. and S. Journal.*

SUN STROKE.

On this subject Dr. L. Ch. Boisliniere, Coroner of St. Louis county, Mo., publishes in the *St. Louis Medical and Surgical Journal*, for July, a report of seventy-two cases observed by him.

The necropsies in these cases revealed the following conditions:

External Appearances.—Marked lividity of the skin; neck and anterior part of chest became soon of a purple or blue color; in a few hours the abdomen was quite tympanitic, an abundant froth came out of the mouth and nostrils, resembling thick lather, mixed sometimes with a little blood. By pressing upon the chest, blood could be made to flow freely from the mouth and nostrils.

The lungs and heart were in every case seen to be more or less conjested; the right side of the heart and the pulmonary

artery generally contained black and liquid blood; left side empty; on section, the lungs were found to contain an abundant quantity of frothy mucous, mixed with more or less arterialized blood. By moderate pressure on the chest, as above observed, this bloody froth could be made to run out freely from the mouth and nostrils. So characteristic was this appearance, that from its presence alone many post mortem examinations towards the end of the summer were dispensed with, the jury, before the writer, after a short explanation, being able to make a satisfactory verdict of death by sun stroke.

The brain was generally found normal; in a few cases only there was moderate congestion of the superior cerebral veins and of the sinuses. This the author accounts for by the difficulty the blood found in returning from the head to the thoracic organs, already full of venous blood. Occasionally the ventricles of the brain contained a little more serum than usual. This Dr. B. attributes to the obstacle about the heart and lungs, damming up the blood in the veins of the brain and its sinuses, and causing some of the serum to ooze out. This effusion of serum was often quite remarkable on the surface of the brain under the membranes, where it frequently assumed an opalescent appearance.

Liver and spleen were, as a rule, enlarged; the spleen particularly softened.

The author remarks that these appearances coincide with what has been observed by several distinguished writers, among whom are Andral, Russell, Gerhard, and Levick.

Cause.—The cause of sun-stroke, according to our author, sustained by the best authorities, without doubt, is a hot and rarified atmosphere—the want of oxygen; for the disease occurs very frequently in houses where, from some cause, the air has become rarified. Several of the deaths reported above by the writer, having taken place in low attic rooms, in kitchens or laundries, and in sugar refineries, as observed by Dr. H. H. Swift, (*New York Journal of Medicine*, vol. xiii, p. 45, 1854.) From these and other observations, Dr. B. concludes that rarified, or poorly oxygenated air, is the "*conditio sine qua non*" of sun stroke.

Homœopathy.—Like cures like. Sulphur comes from Vesuvius. Therefore it is good for eruptions.—*Punch.*

BELLEVUE HOSPITAL.

MALPOSITION OF FŒTUS DETECTED BY EXTERNAL MANIPULATION DURING LABOR—CEPHALIC VERSION BY THE SAME MEANS—SUCCESSFUL.

The following interesting and highly practical questions in obstetrical science, have recently been agitated among those devoted to that branch of medicine:

1. Can a malposition of the fœtus in utero be detected by external manipulation prior to labor?

2. Can such malposition be rectified prior to labor by external manipulation?

Some of the leading professors of obstetrics in this country have taken strong grounds in the negative, and several, not only denying the possibility of detecting and correcting malpositions prior to labor, but even questioning the professional honesty of the practitioner who should endeavor to determine by external examination, prior to labor, whether a malposition existed. The following case, which occurred in Bellevue Hospital, a few days since, under the care of Dr. Barker, is a most important contribution to this subject. We copy the notes of the case, furnished us by Dr. E. B. Barrett, House Physician:

Mary Ann ———, aged 17, born in Ireland, was admitted to the waiting wards of the Bellevue Hospital, March 19th, 1860, in her first pregnancy. On examination, the uterine tumor was very conical, projecting markedly to the right, as well as forwards, triangular in shape, with its transverse diameter greatest. The os uteri was dilated to the size of a quarter of a dollar, and dilatable. The membranes were very full, and projected strongly from the os, and so tense were they that no part of the child could be felt from danger of rupturing them. On the following morning, as the pains had somewhat exhausted the patient, from their teasing character, and as little or no progress was being made, an opiate was administered, from which the patient was enabled to obtain some sleep, awaking much refreshed at 12 M., (the 4th.) The pains now increased in force and frequency, but with no result, save the further dilatation of the os, which was now between two and three inches in diameter. On vaginal examination no part of the child be felt without rupturing the membranes; by palpation, the previous conjecture, viz: that a transverse presentation existed, was rendered nearly certain.

Dr. Barker came to pay his daily visit at this juncture, and concurring in the opinion that the child presented transversely, decided on immediate interference. Accordingly the patient was brought under the influence of chloroform. Dr. Barker again examined the tumor more carefully, both by palpation and per vaginum. Through the external walls the head could be felt in the left iliac fossa, above the pubis. The pelvic extremity of the fœtus was in the right iliac fossa, and the curve of the dorsum could be traced strongly projecting forwards. By a vaginal examination the os was found dilated to the diameter of about three inches, soft and dilatable, with a very large and projecting bag of waters. The presenting part of the fœtus could not easily be felt through the bag of waters, and no force was used for fear of rupturing the membranes; but the deduction, from the external and vaginal examination, was that the right shoulder was the presenting part at the superior strait. Dr. Barker therefore decided to attempt cephalic version in preference to the ordinary method, and he at once proceeded to operate, in the presence of several members of the medical staff of the hospital. The patient being brought to the edge of the bed, in the approved position, he first manipulated by attempting to elevate the pelvis of the fœtus with his left hand, and to depress the head with his right, acting only when it was found that the uterus was not contracting. Finding that he had essentially changed the position of the fœtus, the right hand of an assistant was placed to make strong pressure over the left iliac fossa; he (Dr. B.) still elevating the pelvis of the fœtus with his left, introduced into the vagina two fingers of the right, and during the time of uterine contraction ruptured the membranes, when the waters escaped with great force and abundance. The head could now be felt in the superior strait in the left occipito iliac position. The administration of chloroform was now discontinued, in the hope that the uterus would complete the delivery unassisted. Slight pains, with little progress, followed for fifteen minutes, and, as the fœtal heart was beating somewhat feebly, it was deemed necessary to apply the forceps. The forceps being applied, a male child, weighing eight pounds, was extracted in a partially asphyxiated condition. Respiration was established in a short time, however, and it is now a perfectly healthy child. The placenta came away in five minutes, with no more than the usual amount of hemorrhage; the perineum was not lacerated, and the patient but little more prostrated than is usual after natural labor. The patient proceeded to a rapid convalescence, with no unfavor-

able symptom, notwithstanding the prevalence of an epidemic of puerperal fever in the Hospital at the time of her confinement.

In his clinical remarks upon the case, Dr. Barker contended that he had demonstrated beyond cavil—

1. That a malposition of the fœtus in utero can be detected by external manipulation during labor. Auscultation furnished but slight assistance, and the results of an internal examination were entirely negative. The important fact, however, worthy of special notice, is, that the position of the fœtus could only be ascertained when the uterus was in a quiescent state. It follows, therefore, if the most favorable time for detecting the position of the fœtus is in the interval between contractions, that a malposition can be made out by external manipulation prior to labor; and if the position can be discovered in the interval of the pains of labor, it can also be done one, or two, or even many days before labor.

2. This case demonstrates the possibility of performing version by external manipulation during labor, and, as version by the hand introduced into the uterus was attempted in the absence of pain, he thought this case equally proved that version by external manipulation is possible before labor. But to have the fœtus remain in its new position it would be necessary to rupture the membranes and induce labor, in order to secure the engagement of the head in the pelvic cavity.

CHLOROFORM IN OBSTETRICS.

BY WM. PETTIGREU, WESTERN MED. AND SURG. SOCIETY.

As a general rule he deprecated its use in ordinary or natural labor, for the following reasons:

1. That the accoucher should attend solely and strictly to his own avocation, and that it therefore necessitates the presence of a second practitioner.

2. The folly of incurring any risk of asphyxia or death, although such cases in the lying-in room are rare with chloroform in comparison with those in which surgical operations are performed.

3. That under ordinary circumstances where matters are favorable and progress natural, it tends to depress the system leaving the entire expulsion of the fœtus to the efforts of the uterus, supplied, as it is, by organic nerves, while the muscles of animal life which so forcibly assist its action are almost paralysed.

4. By its administration there is danger both to the mother and child.

Cases illustrative of these objections were related; the exception to the general rule being, where the mother was of a delicate and nervous temperament, and where chloroform was administered in a very modified form, more to attract the attention of the patient from her fears than to lessen the natural throes of labor.

In protracted labor the author had experienced much benefit in its administration, and although the pains for the first ten minutes appeared arrested, they afterwards returned more strongly, with greater regularity, and under its use the rigidity relaxed, the mucous became more freely secreted, the countenance of the patient became less anxious, and the pulse quickened at first, became stronger, and the child was born in a very short time. Cases illustrative of these facts were then related.

The author, in his limited experience, bore out the observation of Dr. Simpson, that hemorrhage seldom or never occurred after the use of chloroform.—*Medical Times and Gazette.*

MURIATE OF AMMONIA IN NERVOUS CEPHALALGIA.

Professor Barallier, of Toulon, reports that within the last three years he had administered the substance in 259 cases of nervous cephalalgia, and with success in 202 of these. He gives forty-five grains combined with mint-water and syrup of orange-peel, divided into three doses, to be taken at intervals of half an hour, amendment commencing after the first dose, and the third frequently not requiring to taken. To prove effectual, however, the remedy should not be given at the very commencement of a paroxysm, but when it has acquired

great intensity. This agent not only gives relief to the urgent pain of the paroxysms, but, after having been had recourse to on several occasions, diminishes the number and frequency of these. To be of use, it must not be indiscriminately used for every cephalalgia; and the result of the analysis of M. Barallier's experience leads to the following conclusions:

1. The muriate almost constantly dissipates paroxysms of idiopathic migraine, and of migraine consecutive to too abundant menstruation.

2. It is powerless in the hemicrania which is dependent upon irregularity or suppression of the menses.

3. It is tolerably successful in cranial pains dependent upon disorder of the stomach, and the accidental cephalalgia frequent in women and feeble persons under the influence of sudden changes of the atmosphere, prolonged intellectual labor, or moral emotion.

4. It operates beneficially in cephalalgias consecutive to repeated paroxysms of intermittent fever; those which are observed during the decline of severe fever, and in the course of the irritative period of typhus.—*Bull. de Therap and Dublin Med. Press.*

Rupture of Varicose Veins in the Vagina during Labor.—The *Berliner Zeitung* records the death of a young woman during labor with her first child, from rupture of the perineum, which involved a laceration of some varicose veins of the vagina. The patient died in ten minutes, from hemorrhage.

Drinking Fountains.—The first public drinking fountain established in London is used seven thousand times a day. The fountains are supplied by the water companies at the usual charge of sixpence per thousand gallons.

☞ M. Cloquet has been appointed President of the Academy of Medicine of Paris.

Editorial.

BOOK AND PAMPHLET NOTICES.

WALSHE ON DISEASES OF THE LUNGS; INCLUDING THE PRINCIPLES OF PHYSICAL DIAGNOSIS: A new American, from the third revised and much enlarged English edition. Blanchard & Lea, Philadelphia, 1860.

We are gratified in being able to announce another edition of this now standard work. It is scarcely necessary to say that the topics discussed are traced by a masterly hand—the previous editions have sufficiently acquainted intelligent readers with the abilities of Dr. Walshe, and the zeal, large experience and facile pen which he brings to the work before him. The present edition is not merely a reprint, but as the author remarks in his preface, has been carefully revised and much enlarged, and may be said, in the main, to be re-written.

Part I treats especially of the Clinical Topography of the Chest, and the Methods of Physical Diagnosis.

Dr. Walshe's analysis of the subject of Physical Diagnosis, whilst it may not be said to afford anything of a strikingly original character, nevertheless epitomizes and excludes, in a manner it is really refreshing to notice in these days when medical book-writers are so prone to aspire to bulky volumes with necessarily diffuse, verbose, and cloudy descriptions.

We would call attention to the author's remarks upon the subject of mediate and immediate auscultation. He evidently does not place large dependence upon the stethoscope.

"Persons, indeed, are to be found who seem to think that the stethescope possesses some mystic faculty of communicating diagnosis, and saving the auditor all trouble of thought. Unfortunately the instrument is no more than—

"Das todte Sprachrohr, das den Schall
Empfangt und wiedergeibt, und selbst nicht horet."

"The motto of the stethoscope might aptly run;

. . . . fungar vice cotis, acutum
Reddere quae ferrum valet, exsors ipsa secandi."

It is said that sometimes immediate auscultation is "disagreeable or indelicate;" we never could see why the thinnest fabric of cloth, (provided it be clean,) would not relieve this difficulty as well as a billet of wood or a miniature hose pipe. Custom, however, must govern, but it should ever be recollected, as the author observes, that "it is as necessary to try on a new stethescope, as to try on a new hat."

Dr. Walshe disagrees with Skoda on the possibility of diagnosing superficial and deep-seated sounds within the chest; and also thinks Dr. Flint's suggestion that bronchial and cavernous respiration may be distinguished by the relative pitch of inspiration and expiration, to be liable to so many exceptions as to be "unworthy of trust."

Among the most valuable sections in this part of the week is that with reference to "Pressure Signs," (§ 487 *et. seq.*) Under this head he gives "a succinct account of certain physical effects, produced on the wall of the thorax, on its contents, or on parts adjoining; and which are clearly due to pressure exercised from within the chest. Some of the most positive and easily ascertained evidences of intra-thoracic disease, are furnished by these pressure signs."

Our space will only permit us to call attention to the pages, although we should be happy to reproduce them entire.

On the whole, we are compelled to say, that we have not, in a long time, read a more sensible, perspicuous, concise, and practical one hundred and fifty pages on "Physical Diagnosis," than those of Dr. Walshe's Part I. We rank it with Dr. Barclay's perspicuous and elegant elucidation of the same topic, in his invaluable treatise on "Medical Diagnosis.

Part II is devoted to a clear and thorough exposition of Diseases of the Lungs and Appendages. Among the diseases mentioned, are pleurodynia, intercostal neuralgia, bronchitis and its varieties, organic changes of the bronchi, tuberculization, and other structural changes of the bronchial glands; the various disease of the pleura, with results; pulmonary

neuroses, primary morbid changes of the lungs, condensation, hypertrophy, etc.; pneumonia, and its varieties; œdema, gangrene, cirrhosis, hemorrhage, apoplexy, hemoptysis, adventitious deposits; chronic consumption, progressive and retrogressive; acute consumption, primary and secondary; hæmatoma, carcinoma, cancer, entozoa, asthma, influenza, pertussis, mediastinal tumor, and abscess.

From this catalogue it will be seen at a glance that the author has gone very thoroughly into his subject, and from a careful examination in detail, we are prepared to say that his method is, in every respect, a model one. His descriptions are forcible and aphoristic, and diagnosis clearly and strongly defined. In the treatment of pleurisy, bronchitis, and pneumonia, in the acute forms, we notice that Dr. Walshe still insists upon the propriety of moderate venesection, rarely carried, however, beyond twelve or fourteen ounces, even in athletic adults. The whole scheme of treatment is based on anti-phlogistic measures, differing but in a few details from standard methods. Recognizing the occasional utility of blood-letting, in these acute inflammatory affections, nevertheless we are convinced that, in the large proportion of cases of the kind, to be observed here in the Northwest, practitioners find it wholly unnecessary, although, technically, it may be "well borne."

It is noteworthy, considering the great importance attached to the use of veratrum viride in these 'esions by not a few practitioners in this country, that our author, who is evidently familiar with American books, does not even mention it among curative agencies. But that time-honored sedative, tartarized antimony, he observes, "stands next in importance to venesection in the treatment of pneumonia. Were I, indeed, henceforth, in the management of this disease, forced to surrender either, on the one hand, venesection; or, on the other, cupping and tartarized antimony; I should not hesitate to relinquish the former."

Another observation with reference to pneumonia is worthy of notice: (§ 1160.) "The announced success of treatment by copious libations of brandy appears simply to furnish a fresh

illustration (as conversely Bouillaud's alleged triumphs by his *Saignees coup sur coup* in genuine typhoid [peyerian] fever) of the *vis medicatrix naturae.*"

About seventy pages of the work are occupied by the subject—consumption, and these may be considered the most valuable part of the book.

The author, in common with the best observers of the present day, is not disposed to abandon the phthisical patient as an *incurable.* For striking illustrations of the truth of his position we would call attention to § 1518, p. 387, which space will not permit us to quote entire. *Specifics* are considered as unreliable—"but cod-liver oil cannot be so lightly dismissed as it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent, although its power of *curing* the disease is undetermined." The brown oil is preferred, and the other kinds of oil, almond, cocoanut, neat's foot, &c., are characterized as failures. Glycerine, however is admitted to be an important and often eligible substitute. The phosphate of lime, and Dr. Churchill's hypophosphites are very properly passed over with scant and uncomplimentary notice. Hygienic measures are mainly relied upon, and as given, are such as, in the main, command approval. Whilst cautious in his expressions, nevertheless he inclines to approve the moderate employment of alcoholic beverages in the progress of the disease in some of its forms. The exceptional cases which he suggests, are so few as scarcely to make against the general rule.

We cannot forbear noticing, in this connection, the author's reference to the relation of phthisis to the marriage contract. Will a phthisical condition undiscovered until after a matrimonial contract is entered upon, on its subsequent discovery, afford a legal bar against prosecution for its non-fulfillment by the patient? What an opportunity here presents itself for professional ventilation of stethescopic skill in future breach of promise cases. *Horresco referens!*

We should like much to follow Dr. Walshe in his further remarks upon phthisis, upon asthma, influenza, and pertussis;

but, unfortunately, that which we had intended only as a brief notice has already expanded into undue proportions, and we abruptly close by again commending this valuable work to the shelves and to the perusal of the reading members of the profession. A.

ELECTRO PHYSIOLOGY AND ELECTRO THERAPEUTICS; showing the best methods for the medical uses of Electricity, By ALFRED C. GARRETT, M. D., Fellow of the Mass. Medical Society, Boston. Ticknor & Fields, 1860. Received through S. C. Griggs & Co., 39 and 41 Lake Street.

According to forerunning announcement this volume comes to us in unexpected proportion, in goodly apparel and attractive type. It adds not a little to the *readability* of the work, that its mechanical execution is so good that it has attractions for the eye as well as for the mind. Our author does not profess to walk in new or untrodden paths, but "aims to confine himself to gleaning from the highest practical authorities, and the comparing of these with his own clinical experiences, then classifying and arranging the subject matter so as to present the whole range of electro therapeutic practice on a more systematic and scientfic basis." He says: "The very abridged manner and immethodical style of the few works that have appeared in this country, or even in the English language, on the medical employment of electricity, have never yet enabled the medical profession generally, partiularly in this country, to seize upon these telling facts understandingly, so as to bring them to bear upon clinical practice." Such a gleaning from the storehouse of the past, such a reformation in style has Dr. Garratt attempted, so as to bring existing knowledge within available compass, and render it inviting to members of the American medical profession.

We confess ourselves somewhat stumbled on opening at the preface and finding that "Life is electro-chemistry *vitalized*," but suppose ourselves wanting in metaphysical incli-

nation. What essential position the "electro" may occupy in the phenomena of *life*, we are not disposed at present to inquire. We propose only, in narrow limits, to notice the leading features of the work.

The first chapter, treating of Natural Electricity, gives a very concise view of electric laws and phenomena, as explained and understood at the present time. It serves to revive one's knowledge of that branch of natural science, and freshen our school-day impressions. We are not, however, prepared to accept the implied teaching that "Electric changes are the causes of epidemic diseases." While the author quotes from M. Andraud and Dr. Kidd, and also gives Sir James Murray's fifty reasons therefor, he is somewhat careful about committing himself to a theory that finds but few advocates among the observers and writers in our profession at the present day. But we must leave these points for those who may read the book.

"The early history of the medical uses of electricity," constituting chapter second, is replete with interest; tracing galvanism, in its history, from Galvani to the present time. One is led to not a little sympathy for that martyr to galvanic science—poor frog—who has suffered martyrdom for the development of galvanic science for the past three-fourths of a century. The first three chapters form the natural history of the author's therapeutical agent.

Chapter fourth seems more properly to form the basis of the work, and however readily we may admit all the author claims as the therapeutical effect of electricity, we frankly confess we fail to perceive the force of much of the reasoning that aspires to important conclusions, and makes this a long chapter. The bias of the author may be perceived in such phraseology as "nerve battery," "brain battery," as applied to the brain; "sub battery." as applied to the ganglia; while muscle is exalted into "a kind of *minute compound voltaic battery* of membranous cells." Of the brain he says: "It is now manifest that almost every structure and arrangement here found may be nearly imitated by voltaic arrangements, combinations, and manifestations."

Of the blood vessels and muscular system, he avers, "Each of these muscle fibres is completely enveloped by the minute blood-vessels which run parallel with them. This admirable arrangement of the capillaries yields the abundant supply of arterial blood so necessary for the manifestation of muscular motion; as contractions evidently ensue from changes taking place in the material in, of, and about, the ultimate fibre by a nervo-voltaic process; and also, perhaps, by artificial galvanism." From such premises he affirms, "The actual bearing of these investigations shows that in whatever process or function of the human body the blood is the most essential, these, nothing less than true voltaic or animal electric actions, and *life force* must have an influence. Furthermore, since it is self-evident that the circulation of the blood has thus to do, more or less, with every operation of the living body, I will only add that these experiments and considerations demonstrate the vast importance of employing artificial electricity, if possible, as a co-worker with nature's similar actions in our organisms, as a rational, natural, and extensive remedial agent." Or, in other words, since the structure and arrangement of the brain may be imitated by voltaic arrangements, and since muscle is "a kind of minute compound voltaic battery," and as muscular contractions follow as a result of a nervo-voltaic process, therefore follows, as above, a demonstration of "the vast importance of employing artificial electricity, &c." We simply dissent.

There is much reasoning of which we fail to see the force, since we do not admit there is anything physiologically essentially common between electricity or magnetism and nervous influence.

As soon would we reason a similarity between calomel and ordinary food because they will each pass the alimentary canal, excite peristaltic motion by muscular contraction, while the former is claimed by its admirers to exert stimulant, sedative, alterative and other influences as numerous as the most ardent electrist would presume to claim for his agent. In short, we firmly believe that any argument, based on any such supposed analogy, is without a sure foundation, and any therapeutical

principles thereby derived are useless, however successful the *practice* may be.

The therapeutical application of electricity, constitutes the last and larger part of the work, and herein is the value of of the work; herein is what makes the book such us may be, with profit, in the hands of every practitioner of medicine. We doubt not here is a field, valuable and unexplored by a very large majority of medical men. There are practical facts and teachings here that every one should know, even if he does not make the subject a speciality.

There is, perhaps, a lack of that clearness and conciseness in stating cases, that we are accustomed to find in our leading medical literature; but the truth is there and deserves to be known. The reader will also notice a rather free generalization, in some parts, especially regarding treatment, that renders the book of less practical value. The author may thank, or forgive us as he may feel disposed, but we must quote his treatment of epilepsy. After quoting page by page from Marshall Hall, and theorizing for almost twenty successive pages on "spastic diseases," the sum of treatment is as follows:

"As regards the treatment of epilepsy, and of kindred affections, we are to direct the most powerful *modification of nervous nutrition*, whether electric currents shocks by successions of hot and cold water; by nervo-polarizing, or depolarizing medicines, as iron, iodine, and sulphur; or silver, arsenic, strychnine, and quinine; or by opium, conium, stramonicum, nicotine, and belladonna, in some way, and by all means, so as bear, directly or indirectly, on the identical spot or part of exalted excitability of both peripheric nerves and nervous centres, to strengthen, and hence to calm and fortify them."

Now we are friends of "general principles"—we were reared in medicine when such were taught; but we must remonstrate here. Reader, re-read the foregoing, and say if it is not comprehensive enough for all; but if you attempt a case of epilepsy you will be thrown somewhat on your own resources, or, in despair, send your patient to Dr. Garratt, who, comprehending the above, will doubtless cure "in some way, or by all means."

The author's treatment of ague is more explicit, and we venture to subjoin it, hoping to see any case of successful treatment reported:

FIRST, THE PLACE.—The patient, we presume, is in bed, in a room where the air is dry and warm, (not sitting up before the blaze of a fire, nor where a draft of wind is allowed to blow upon any portion of his body or limbs.) SECOND, THE TIME.—Just a little before the hour and minute for the invasion of the cold stage, shake, or rigors, is the time to work. Prepare the patient comfortably—wet the sponge electrodes in *very warm water*, or salt water, and see that the battery or machine works well; then commence *before* the *horripilatio* of yawning, stretching, sighing, "cold chills down the back," goose-flesh, and collapse of the features, *get the start*, (as in Faradaic tooth-extracting,) and maintain it, first by a current from the nape of the neck to the regions of the liver, stomach and bowels; next up and down the back; and then using *team electrodes* to Faradize the surface. When the chill is broken, repeat a daily *seance*, but at different hours, to fortify the invigoration."

We have extended our "notice" farther than at first designed. We commend the work to careful readers, and to the judgment of the profession it seeks to enlighten.

L. S. E.

NEW MEDICAL JOURNAL.—We have received number one of volume one, of the *Columbus Review of Medicine and Surgery*, published at Columbus, Ohio, W. L. McMillen, M. D., being its editor and proprietor. It is a bi-monthly of 96 pages, and is furnished to subscribers at two dollars per annum, payable in advance. In its mechanical execution the work exhibits a high degree of excellence, and the brain-work shows both capacity and a willingness to labor. The first number contains elaborate reviews of Todd on Acute Diseases, Draper's Physiology, and Stille's Therapeutics, written with much ability, and a clear appreciation of the merits of these works, and the other articles are of general and scientific interest to the profession. We trust that eminent success may attend this enterprise so auspiciously inaugerated.

TO SUBSCRIBERS IN ARREARS.

Many readers of the *Journal* are indebted to us on accounts of one, two, and three years standing. We have been extremely lenient in the matter of collections, knowing the difficulty of obtaining money that many have experienced during the recent period of financial depression; but the abundant harvest of the present season, throughout the entire Northwest, does away with all apology for a continuation of such remissness. Therefore, in the September number, we shall inclose to each indebted subscriber his bill, and we trust, that with this reminder, all will come promptly forward to pay us what is justly our due.

APRIL AND JULY MEETINGS OF THE HANCOCK CO. MEDICAL ASSOCIATION.

Warsaw, April 18, 1860.

The Association met pursuant to adjournment. The President being absent the Vice President took the Chair, and called the meeting to order.

Present—Drs. Coolidge, Hofmann, Hall, Hollowbush, Hay and Spitler.

The Association then went into the election of officers by ballot, which resulted as follows:

President—Dr. Charles Hay.

Vice President—Dr. J. K. Boude.

Secretary—Dr. A. Spitler.

Treasurer—Dr. J. W. Hollowbush.

On motion, Drs. Coolidge and Hofmann were appointed delegates to the National Medical Association, which meets in New Haven, in May next, and Drs. Hall and Hollowbush were appointed delegates to the Illinois State Medical Society.

The meeting then adjourned till 1 o'clock, P. M.

AFTERNOON SESSION.

The Association met according to adjournment.

Dr. Hay was then called on, and read a very interesting address on the following subject: "Can the European or Caucasian race arrive at fair physical and intellectual development in hot climates?"

A discussion ensued on the doctrines advanced in the address, which was participated in by Drs. Hollowbush, Hall, Coolidge, and Hay.

Drs. Hofmann, Hollowbush, and Spitler were appointed to prepare and read essays at the next meeting.

The Association, on motion, of Dr. Coolidge, unanimously passed a vote of thanks to Dr. G. W. Hall, for the very faithful and satisfactory manner in which he has discharged the duties of Secretary.

The Association then adjourned to meet in Carthage, the third Wednesday in July next, at 10 o'clock A. M.

A. SPITLER, Secretary.

CARTHAGE, July 18, 1860.

The Association met according to adjournment.

Present—Drs. Coolidge, Pierson, Hay, Boude, Hall, and Spitler.

An application was made by Dr. D. H. Mason, of Warsaw, to become a member of the Association, which was referred to a committee consisting of Drs. Pierson, Hall, and Spitler, who reported favorably to his reception, which report was adopted.

Cases of interest were then reported by Drs. Pierson, Coolidge, and others.

The Association then adjourned to meet at 1 o'clock P. M.

AFTERNOON SESSION.

The Association met pursuant to adjournment.

On motion, Dr. Coolidge was appointed to deliver an address to the Association at its next meeting.

Drs. Pierson, Hall, Boude, and Spitler, were appointed to read essays at the next meeting of the Association.

Dr. Hay then being called upon, delivered a very interesting address on "The best mode of improving the physical and intellectual condition of man," which was requested of him for publication.

Drs. Hall and Spitler were appointed a committee to have the address published.

On motion of Dr. Spitler, a resolution was passed that this Association memorialize our State Legislature, at its next session, to pass a law requiring the registration of marriages, births, and deaths, in compliance with the late action of the State Medical Association.

On motion of Dr. Coolidge, Drs. Hay and Spitler were appointed a committee to prepare a suitable memorial and present it at our next meeting for action.

On motion, the Association then adjourned, to meet in Carthage, on the third Wednesday in October next.

A. SPITLER, Secretary.

STARK COUNTY MEDICAL SOCIETY.

At a meeting of the physicians of Stark county, called for the purpose of discussing the propriety of organizing a Medical Society for the county, held at the office of Dr. R. Boardman, in Elmira, on Saturday, August 11, 1860, the following were present:

Elmira—Dr. E. R. Boardman, and J. G. Boardman, medical student.

Bradford—Drs. S. T. C. Washburn, and J. G. Lamper.

Wyoming—Dr. William Hayden.

Osceola—Dr. J. S. Pashley.

Dr. Lamper was called to the Chair, and Dr. Boardman chosen Secretary.

A motion prevailed to organize an Association to be known as the Stark County Medical Society.

The following were chosen as permanent officers of the Society:

President—Dr. E. R. Boardman.

Secretary—Dr. J. S. Pashley.

Treasurer—Dr. Wm. Hayden.

Censors—Drs. J. G. Lamper, S. T. C. Washburn, William Hayden.

On motion, the Code of Ethics of the National Medical Association was adopted for the government of the Society.

The following persons were appointed as a committee to prepare Constitution, By-Laws, and Fee Bill for the Society, to report at the next meeting: Drs. Boardman, Pashley, and Lamper.

On motion, Jas. G. Boardman was admitted to membership as a medical student.

The Secretary was directed to extend an invitation to all regular physicians in the county, with their students, to unite and co-operate with the Society.

On motion, the plan of raising necessary funds by equal assessment was adopted.

Dr. E. R. Boardman, of Elmira was appointed to deliver an address at the next meeting.

The Secretary was directed to furnish copies of the proceedings, of the meeting, to the *Chicago Medical Journal* and *Stark County News*, for publication.

Adjourned to meet at Wyoming, on Monday, September 3d, 1860, at 10 A. M.

J. S. Pashley, Secretary.

RUSH MEDICAL COLLEGE.

At a meeting of the students attending the Summer Course of Rush Medical College, session of 1860, a committee of the class presented the following resolutions, which were unanimously adopted:

Resolved, That we have been highly benefitted by the instruction we have received during the term now closed, and that we fully appreciate the earnest and efficient efforts, made by each member of the staff, in their respective departments.

Resolved, That the clinical instructions we have received at the City and Marine Hospitals, and at the Chicago Eye and Ear Infirmary, have been a source of practical advantage to us, and that we feel under many obligations to the members of the staff who have had charge of these institutions, also to those who, by daily examinations and personal efforts, have so materially aided us in our studies.

Resolved, That we tender our sincere thanks to our instructors, for their uniform kindness and courtesy toward us, and that it shall be our constant endeavor to attain a high position in the profession, thus, in some degree, to reflect the beneficial influence which their example has exerted over us.

Resolved, That a copy of the above resolutions be sent to the Secretary of the Summer School, and to the *Chicago Medical Journal*, for publication.

Z. P. HANSON, Chairman.
PERCY McALPINE, M. D.,
ROBERT M. LACKEY,
JOSEPH B. SHERMAN,
AUGUST KEEN,
CASPAR MAHLER,
Committee.

CHICAGO, June 23, 1860.

DIPHTHERIA.

CHARITON, Iowa, Aug. 13, 1860.

Editors Chicago Medical Journal:

We have, for a time, been in a most destructive epidemic of diphtheria—destructive, because treated improperly, or not treated at all. It is confined to one township, on the western line of the county, ordinarily one of our most healthy neighborhoods. In a sparsely settled country, it leaped across rolling, unimproved prairies, attacking, with great virulence, whole families who had hitherto been strangers to disease.

If called when the yellowish white spots first make their appearance on the tonsils, I have always succeeded in checking it; but have found great difficulty in successfully treating cases of some days' standing.

I have used, with good effect a sat'd solution of nitrate of silver to the tonsils, &c. I have used quinine and chlorate of potash plentifully. I prefer the mur. tinc. of iron to the potash. I have used mercury sparingly but have seen no bad effect from it.

When the hurry is over I may give you some particulars.

Yours, &c., J. R. JAY.

ILLINOIS STATE MEDICAL SOCIETY.

The subscriber respectfully requests the members of this Society, and the profession at large, to assist in accomplishing the object for which the Special Committee on Diseases of the Eye was appointed.

Reports of ophthalmic cases and papers upon any subject in this department of medical science, are solicited.

The Committee particularly request papers upon "The peculiar causes of conjunctival inflammation, in different parts of Illinois and the adjoining States; as also the history of cases of sympathetic ophthalmitis in one eye following injuries and chronic inflammation of the iris and choroid of the other eye."

It is hoped the profession generally will take interest in this important subject, and forward all communications to the Committee before April 1, 1861.

E. L. HOLMES,
Chicago, Box 2175.

CORRECTION.—In the list of graduates of Rush Medical College, for the session of 1859–60, published in the May number of the Journal, a typographical error occurred in the name of Dr. Barry; it should read, Ed. L. H. Barry.

☞ Messrs. J. H. Reed & Co., whose card will be found on the cover of this journal, have recently fitted up rooms over their store, exclusively for their surgical and dental instruments. They have been compelled to make this change owing to the increase of trade in these goods, as also the necessity of more room to exhibit properly their large stock of instruments. They keep everything needed by the profession and have now a better arrangement for showing new materials as received. They request us to say that they shall always endeavor to keep all improvements and new instruments, and will be pleased to show their stock whether parties wish to purchase or not.

"The Medical Department of Baker University," is the name of a new school announced as established at Leavenworth, City, K. T.

ITEMS.

Dr. J. E. Holbrook has resigned the Chair of Anatomy in the Medical College of the State of South Carolina.

A fifth medical school has been organized at Griffin, in the State of Georgia, under the name of the Middle Georgia Medical School.

The proceedings of the Sixty-eighth Annual Convention of the Connecticut Medical Society, indicate the condition of the profession in that State to be vital and progressive.

G. M. B. Maughs, M. D., senior editor of the *Kansas City Medical and Surgical Review*, has accepted the appointment of Professor of Physiology and Chemistry in the Medical Department of the Missouri State University, at St. Louis.

The *Cleveland Medical Gazette* and the *Cincinnati Lancet and Observer*, have, in effect, been merged in one; containing, as they do, the same matter, though retaining their original names, and purporting to be issued from different cities.